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UNIVERSITY OF ALBERTA

CANCER PATIENTS' EXPERIENCES OF SELF-HEALING PROCESSES

BY

© SHELLEY MARIE BULAT

A THESIS SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY.

IN

COUNSELLING PSYCHOLOGY

DPARTMENT OF EDUCATIONAL PSYCHOLOGY

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FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled CANCER PATIENTS' EXPERIENCES OF SELF-HEALING PROCESSES submitted by SHELLEY MARIE BULAT in partial fulfillment of the requirements for the degree of DOCTOR OF PHILOSOPHY in COUNSELLING PSYCHOLOGY.

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This dissertation is dedicated in memory of my Mom, Betty Mahon who died September 9, 1992 after suffering through a long painful illness. She has found her peace.

Abstract

Six cancer patients attending a Cansurmount support group participated in this study, addressing the research question of "what has been your experience of self-healing?" The qualitative research method of hermeneutical inquiry was utilized for the interview and interpretation processes. The four major common themes which emerged were "Active Self-care", "Invested Meaning", "Role Transitions", and "Difficult Others". "Active Self-care" was the main theme encompassing the various ways participants took care of themselves through active participation. "Invested Meaning" involved the examination of how participants made sense of their cancer in terms of explanations and understandings, in light of any sense of responsibility. The third theme of "Role Transitions" considers how these people who have survived were feeling the desire to give something back in return for all they have received, and how this was accomplished through belonging to Cansurmount. "Difficult Others" reflects the unpleasant reactions and attitudes of family members, friends, the medical profession, and the general public in relation to the participants and their experience of cancer.

Overall, the findings indicated that self-healing for these participants was a complex and multi-faceted experience which involved not only themselves, but also the people that were significant in the participants' lives. Self-healing was a kaleidoscope consisting of thoughts, attitudes, and actions

which were encompassed by the four themes identified. Through their cancer experiences, these participants had taken individualized steps to empower their lives.

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I'd like to express my gratitude to the participants of this study, without whom this study would not have evolved as it did. Thank you for sharing your experiences with me.

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1. INTRODUCTION

> . . . cancer. It is an unclean word to our minds. A horror beyond which there is no reasoning . . . CANCER! The word filled the universe. I could feel it start from some place too deep for conscious thought, whirring to slow life, swelling to immense proportions, bursting at last with the force of an atomic explosion somewhere in the top of my head. Cancer! CANCER! CANCER! (Kaehele, 1952, p. 10).

This is how one woman describes her feelings when she was given the diagnosis of cancer from her doctor.

Cancer is a dreaded disease surrounded by stigma and mystery. The disease of cancer has existed in our world for centuries, and yet it has only been since the end of the nineteenth century when infectious diseases began to be effectively addressed, that we became preoccupied with cancer. We remain unable to understand it, even though we have spent billions of dollars in research and invested much energy in striving for knowledge of its etiology, control, and cure. The understanding and cure of cancer remains elusive, and because of this, a certain power has come to be associated with the word cancer. Martin (1986) describes how the power of the word cancer is associated with death.

> We are tattooed and branded by cancer in a special way because this brand carries with it such dread,

> such loathing, such anger, such pain, such fear, as to defy description in any language, in any terms at all. What it confronts us with most, of course, is the inescapable sign of our mortality (p. 98).

In conjunction with this, the main cancer research organizations and the media have continually been overly optimistic and premature in heralding newfound cures for cancer which have not materialized, leaving in its wake a desperate search for answers elsewhere. To fill the void created by the optimism and the subsequent failure in affirming that optimism, self-healing ideas and alternative therapies have gained considerable attention with a following among cancer patients specifically, and with society in general.

In a time when our medical frontier prides itself on its many technological advances, the lack of progress made with cancer has opened the door for a wide variety of interpretations of what it means to get cancer, experience cancer, and recover from it. In searching for answers outside of the orthodox medical circles some of the alternative ideas and therapies have stressed the necessity for cancer patients to heal themselves, and this has resulted in placing an increasing responsibility upon the shoulders of the cancer patients.

Just as we are no closer to achieving an understanding by which we can effectively control and cure the disease of cancer, we seem to have also failed in exploring and understanding the process which cancer patients undergo in their personal striving to make sense of their disease, especially in the area of self-healing.

Recent slogans for the cancer society proclaim that "cancer can be beaten!". Initially a rally cry for funding drives, this message has taken on a more personalized meaning as many cancer patients rise to the challenge of conquering their cancer. This may be seen in the various anecdotal and testimonial accounts of self-healing methods and techniques (Simonton, Matthews-Simonton, & Creighton, 1978; Siegel, 1986; Siegel, 1989; LeShan, 1989; Weil, 1988; Chopra, 1989; Borysenko, 1987; Cousins, 1979).

However, the proclamations made by self-healing proponents are lacking in providing a fundamental description and understanding of what is involved in the self-healing process. There has been little research which specifically addresses the meaning and process of self-healing for cancer patients. With the bombardment of self-help books and advertisements for alternative therapies, it is crucial to gain an understanding of how cancer patients themselves perceive self-healing and what the possible advantages and disadvantages of self-healing might be. This understanding would aid helping-professionals in facilitating self-healing processes in working with cancer patients.

In a society concerned with cancer, how do patients process their meaning of self-healing as they are given messages such as "cancer can be beaten", with an emphasis upon personal responsibility? Is self-healing effective? What does it accomplish? Is self-healing equivalent to cure? What are the process markers of self-healing? How can the helping-professionals facilitate this process for cancer patients? It is important to explore these kinds of questions with cancer patients in order to enable us to understand their experiences of cancer and the meaning which self-healing has for them. Potentially, this might enable others in the patient's life and those working directly with cancer patients to understand and assist cancer patients in coping as effectively as possible with their cancer experience.

My Interest

I became interested in doing research in the cancer field when I was in my masters degree program, and I chose to do my practicum at a cancer clinic. It was at that time that I began reading the literature by Siegel (1986), Pelletier (1977), Simonton, Matthews-Simonton, and Creighton, (1978), and Cousins (1979), which espoused notions of self-healing. I was excited by the idea that people could have so much control over their own bodily processes, and over their health. I had a very naive and accepting attitude at the time, having never been seriously ill myself. However, when I began working with cancer patients, I realized that attempts at self-healing were not as straightforward or as simple as had been suggested in the literature I had read. I saw the effects that adherence to these beliefs had upon both patients and their families, and I realized how different these applications of self-healing processes were for each individual.

Included in my Master's thesis was an interview component in which I asked people if they believed they had control over their health. The majority said they did, not only through diet, exercise and behavior habits, but also through their attitudes. I listened to some remarkable stories and heard strong convictions of peoples' beliefs, both favourable and unfavourable. At the time, I had wished I could have explored the issue more thoroughly, but that was not the direction of my thesis. It was my supervisor, Dr. Margaret Sellick, who suggested that I pursue further study investigating how cancer patients felt about these self-healing ideas.

My desire to investigate cancer patients' experiences of self-healing was affirmed when I first attended a Cansurmount meeting in order to present my research ideas and seek interested participants for interviews. There were approximately ten people at that meeting and initially, I felt somewhat uncomfortable as these men and women shared very intimate details about how their lives had been affected by cancer and how they were presently coping with it. I felt like an outsider permitted to eavesdrop. As I continued to listen to their stories I forgot about being an intruder, and was deeply touched by the honesty, openness, courage, and strength of these people, most of whom had suffered intensively. I felt privileged to be included as I was allowed to listen to accounts spoken from the heart. It was an education for me to listen as the "experienced veterans" offered support, encouragement, empathy, and understanding to acknowledge the painful process which some of the newcomers were just beginning to experience. There was a focus on one gentleman who was there for the first time, and who was still struggling to understand the meaning which cancer was having for him in his life. Although his type of cancer was not as severe, nor as invasive as the majority of the others had been, the others were very empathic in offering care and concern. I was touched by their strength and courage which was reflected in their attitudes. As I listened to these people share their experiences of cancer, I had a strong sense that I was doing research that had a purpose and meaning for me, and I experienced a hope that I could give something back to them in return. I was aware that the best participants available to teach me what I desired to learn were these cancer patients who indicated that they were also open to learning more about their experiences.

Then it was my turn to introduce myself. I had not planned on speaking about anything except the research. As it turned out, I felt a need to give something back in return for what I had received just by being allowed to listen and share in these stories. And so, I found myself sharing my personal experience with cancer in my family. With some difficulty, I shared the story of the effect which cancer had in my family, with my dad's brother and sister both of whom died from cancer years before and my experience of my dad's death from lung cancer when I was nine. My sister also had cancer, which resulted in the loss of her baby, and her subsequent infertility. It was important to me that these people at the Cansurmount meeting knew that I was pursuing this research, not only to complete my degree, but for my own personal understanding as well.

From the interview processes with the participants of this study, I came away feeling awed that I had been given these glimpses of the human scope of strength, courage, perseverance, faith, and hope. Often I felt inspired with a heady sense that anything was possible and that I had been granted the privilege to learn some of life's most important keys to living a full life, from people who had embraced their own lessons in life with courage and determination. They opened up their private lives to me and gave me access to their most private experiences, trusting me not only with their triumphs which resulted from the struggles with their cancer, but also with their pain, sorrow, and fears. I have attempted to maintain that trust through my understanding and interpretation of the themes which emerged through our dialogues as partners in this creation.

My Foreunderstandings

As I take stock of my biases and preconceptions in relation to self-healing, I realize that I perceive self-healing as being equated with a cure, suggesting that there may often be a psychological component involved in conquering one's cancer. I am familiar with research studies done to investigate the link between psychological factors and illness. Findings are varied and the complexity of the relationship of mind and body is not well understood.

Observations have verified that people have healed themselves and have miraculously recovered from diagnoses of incurable cancer. There are many theories attempting to explain and clarify the reasons accounting for the ability of some people to heal their cancer. However, it is important to remember that theories are only pictures of reality, not reality itself. Theories are maps; they are not the territory.

In the case of self-healing for cancer patients, it is important not to assume that the same maps will apply to everybody or that they will apply in the same way. The process of self-healing appears to be a very complex individualized process which we still do not understand.

What seems apparent is that what has worked incredibly well for one person cannot necessarily be generalized to the next person. Just as drugs do not have the same effects with everyone, so it may be with the various self-healing techniques, processes and theories.

The process of self-healing may not necessarily mean cure. Rather it seems to mean very different things to different people. For example, with some people it may indicate an enhanced quality of life, for others it may mean a peaceful acceptance of death, and for some it may mean a change in personal character.

Thus, this is what I am interested in exploring: how do individual cancer patients define self-healing? What is involved in the self-healing process and how are patients affected by this process? These questions are of relevance for the following reasons: present popular thinking suggests that cancer patients are responsible for contributing to their disease, there is pressure upon individuals to take increasing responsibility for their health, and pertinent findings within the psychoneuroimmunology field suggest that our mind and body influence one another directly.

My Goal

My goal in this research is not to find "the" answer, because there is no single answer. Each person is unique and I am seeking to gain understanding from individuals' definitions of self-healing and learn what the processes of self-healing mean for each of them, as well as what common themes emerge from putting their experiences together. What does self-healing involve for these cancer patients? How do cancer patients take care of themselves within a self-healing framework, and how are the ways in which they do, affecting them?

In the same way that self-healing is a unique process, the process of exploring, understanding, and interpreting this self-healing process as experienced by the cancer patients is a very individualized occurrence for the researcher. The significance of this study is related to the research method of hermeneutics. Hermeneutics is a qualitative research method which the researcher will be utilizing in her goal of understanding the experience of self-healing through interpretation of the dialogues which emerge from unstructured interviews between each participant and herself.

Two different researchers may focus on different aspects of the self-healing process, and may understand

and interpret differently from one another. In a similar fashion, interacting with the person describing the self-healing process is more complex than describing one's own process. Being involved with another person in the reflection, understanding, and interpretation of the experience brings to language the identification of the markers of the self-healing process. This then becomes the map of the self-healing process which may aid in better understanding the territory.

Therefore, the aim of this study is to achieve an interpretation of cancer patients' experiences of self-healing processes through the full participation of the participants and the researcher in dialogues with one another. The subsequent interpretation would have general relevance to all cancer patients engaged in a self-healing process and be of aid to helping professionals working with cancer patients.

Overview

The path which I took in my journey of understanding cancer patients' experiences of self-healing processes unfolds in the following chapters. Chapter two provides the context in which I began my process of examining the literature which I considered to be pertinent to precede the interview process and the interpretation of themes. In chapter three a general description of the hermeneutic method will be provided with an explanation of how the method will be used. Chapter four is a presentation of the common themes which emerged from the dialogues of each participant and myself. In chapter five the significance of the themes and their comparison to relevant findings in the literature will be addressed. Chapter six is the epilogue in which I comment upon how this process has affected me.

2. THE CONTEXT

It is suggested by some authors in the field of qualitative research that a study of this nature does not require the same type of literature review as that found in a quantitative research study (Patton, 1990). The focus of the literature review is to enable the reader to understand the context as the researcher did at the beginning of this project and to review how this context fit before the interviews began. Limited attention has been given to the literature pertaining to coping and self-healing in order that the researcher would remain open to definitions raised by the participants.

According to the New World Dictionary, the definition of cancer is "a malignant new growth anywhere in the body of a person or animal; . . . cancers tend to spread locally and to distant parts of the body" (New World Dictionary, p. 206). Aside from the literal definition, cancer is a very powerful word, striking dread and fear in most people who have come to equate cancer with death. Yet it did not always hold such power and symbolism.

History

The earliest reference to what has become known as cancer can be found in the medical treatise "Ebers Papyrus", written in ancient Egypt in 1600 BC. Hippocrates was the first person credited with using the term "karkinos" (carcinoma), meaning crab, to describe a cancerous lesion. The tumour seemed to bear a resemblance to a crab because of the tumour's tenacity, ability to recur locally, and its ability to spread to distant body sites. Hippocrates was also the first person to attribute cancer to natural causes rather than upholding the previous attribution of magic and metaphysics to cancer (Richards, 1972). At this time, the form of treatment mainly consisted of arsenic pastes. Hippocrates believed that cancer was caused by an excess of "black bile" in the body. This humoral theory which was expanded upon later by Galen, was the leading theory of cancer causation for 1500 years after it was developed by Hippocrates (Kardinal & Yarbo, 1979).

There was a major shift in theory and scientific method at the time of the Renaissance when empiricism and experimentation were introduced. It was during this experimentation period that Hippocrates' theory came into question when black bile could not be detected during dissections. With the advent of empirical observation, the ideas of Hippocrates and Galen which had been the forefront of scientific belief for 1500 years, were finally rejected (Kardinal & Yarbo, 1979). Following the Hippocratic theory, during the seventeenth century a new theory evolved based on the idea that cancer was the result of lymphatic fluid abnormalities. During the eighteenth century, doctors were also perceiving cancer as a localized entity treated by surgical excision (Rather, 1978). Thus, cancer was no longer viewed as a systemic problem and instead was considered to be a spreading of a single local lesion which would likely kill a person. Early detection and surgical removal of the lesion was the favoured treatment. When it was obvious that the tumour could not be controlled through surgery, the favoured course of action consisted of doing nothing rather than risk surgery. Also, in the eighteenth century recognition was given to the possibility of some cancers being caused by environmental factors such as soot, which was attributed to scrotal cancer and common among chimney sweeps; nasal carcinomas were attributed to snuff use; and the relationship between pipe smoking and lip carcinoma was suggested (Rather, 1978). The lymphatic theory held for a long time before it was replaced in the nineteenth century with the appearance of the cellular theory, made possible by the invention of the microscope which could identify the composition of cells in a tumour. In the late nineteenth century, the theory of cancer was revised to the parasitic theory which won J. Fibiger the Nobel Prize in 1926 with his claim that cancer was caused by a nematode worm. Later research also dispelled that theory (Kardinal & Yarbo, 1979).

There have been major changes in the field of oncology during the twentieth century. In the early twentieth century, radiotherapy became more widely accepted and surgery was no longer the primary mode of treatment. Radical surgical procedures had been replaced by more conservative approaches which would attempt to save body tissue rather than destroy it, and radiation therapy was introduced both pre and post operatively. Chemotherapy was introduced following World War Two, and by 1960 it was one of the three main treatment approaches. By the 1970s, cancer treatment was utilizing all three major regimens in comprehensive clinical team approaches (Watson, 1975). By this time there was also the strongly practised idea of aiding cancer patients in leading normal lives after treatment, through rehabilitation and reconstruction (Holland & Cullen, 1986).

Perceptions of Cancer Today

As cancer is viewed in its historical context it is obvious that it is not a new disease, although it was not until the last half of the nineteenth century that it became a "preoccupation", when the mortality rates from infectious diseases decreased and the mortality rates from cancer increased (Sontag, 1978; Rettig, 1977).

Moss (1989) explains how this preoccupation resulted in the organization of a huge "Cancer Establishment", consisting of government agencies, universities, and drug companies which was organized to fight cancer following World War Two. One of the large organizations within the

Establishment was the American Society for the Control of Cancer which was renamed the American Cancer Society (ACS) in 1945.

During the 1940s the ACS became a strong force in encouraging cancer research and prevention. Initially, it focused upon bringing cancer out into the open and shattering the conspiracy of fear and silence surrounding it. A "Message of Hope" campaign was launched to encourage optimism regarding a cure for cancer by advocating early detection and treatment of cancer. Although this message was at times mixed with appeals to fear, the Message of Hope became a prominent and consistent element in the optimistic message about the fight against cancer in this century.

In the 1930s and 1940s it became a frequent practice to publish patient testimonials portraying messages of hope to help eliminate the dread, stigma, and silence surrounding the disease. This survival literature also demonstrated the growing popular attitude that it was necessary for people to be hopeful and to demand the best care and treatment possible. In the 1950s that was interpreted to mean that the patient was responsible to act quickly and find a good doctor.

In the 1940s and 1950s emphasis was placed upon expected eventual success in overcoming cancer and this message was being preached by the Cancer Establishment.

Many official messages of positive thinking masked the underlying truth that no cure for cancer was immediately forthcoming. With researchers no closer to understanding the basic biological tenets of cancer, especially in relation to etiology, there was great opportunity for a variety of other proposed causes of cancer to be considered. It was suggested that cancer was caused by any number of things such as modern industrialization, emotional stress, genetics, viral causes, and carcinogens. During the 1940s and 1950s, the general public also expected what they had been promised, that experts would soon discover a magic bullet to cure cancer once and for all.

During the 1960s, more than two million Americans died of cancer. Doctors were as frightened of cancer as their patients were, resulting in patients who then felt even more terrified, as well as alienated and despairing in the face of their cancer. In the 1960s and 1970s, the dread of cancer continued with prevalent emotions of desperation, fear, and distrust as the disease remained insidious and mysterious despite official optimism and many promises of an imminent cure. Overall, people were increasingly distrustful of the optimism which had not yielded results to back up the many claims of progress.

As a result, pressures built up within the Cancer Establishment during the late 1960s for the launching of a federal war on cancer. The mortality effects of cancer were being compared with Vietnam, with the observation that the Vietnam war had killed approximately 41,000 Americans in four years while cancer had killed 320,000 in one year (Moss, 1989). The 1960s and 1970s were times of controversy regarding smoking. With cancer research focused on smoking, the realization that a major form of cancer could now be prevented, gave reason for renewed optimism in the fight to beat all cancer.

This contributed to the National Cancer Act of 1971. In 1971 the ACS stated, "Cancer is one of the most curable of the major diseases in this country" (Patterson, 1987, p. 248). To oppose spending on cancer research was like opposing patriotism, or opposing mom and apple pie. For example, in 1973, circulatory system disorders took more lives, eight other diseases were more physically limiting, and cancer was only sixth in rank for diseases requiring hospitalization, yet the American government still allocated twice as much money to cancer than to any other disease (White, 1973). The preoccupation continued.

The cancer act aroused great expectations in its promise to deliver more than it possibly could. Critics of the Cancer Establishment suggested that this all out attack on cancer was similar to landing a man on the moon with no knowledge of Newton's laws of gravity (Holland, 1989).

Subsequently, Moss (1989) suggests that a "cancer counterculture" emerged which was made up of people who were very distrustful of the medical community and the government, and who sought explanations and understandings of cancer other than those pursued through formal official avenues. Patterson (1987) provides two examples of groups within this counterculture, popular psychologists who attributed cancer to stress and "introverted peoples' frustrations", and environmentalists who suggested pollution as a major cause of cancer. Environmentalists contributed to our understanding that many aspects of the environment do affect our health, although we do not have a full knowledge of how a polluted environment contributes to various diseases.

The 1970s were also times of numerous popular doubts about science and orthodox medicine, with increasing criticism of the medical profession. This reaction was exemplified by the environmentalists' crusade which addressed peoples' fears that cancer was a result of industrial growth. By the late 1970s there was rampant criticism of the war on cancer and a distrust of the Establishment behind the war.

During the rebellious and discontented 1960s and 1970s, with the expertise of physicians being strongly questioned and criticized, many people advocated for more emphasis to be placed upon depending on self rather than on doctors. Self-care became increasingly important in the form of adequate sleep and exercise, no smoking, only moderate drinking, and three balanced meals daily (Alster, 1989). Cancer patients began to demand participation in decisions affecting their treatment.

The cancer counterculture became prominent with the increase in unorthodox therapies for treatment of cancer. A common thread among psychologically minded advocates was the idea that the increase in cancer mortality was related to problems of industrialized civilization in combination with increasing stress of this modern world. LeShan (1977) and the Simontons (1978) were prominent figures in emphasizing the role of stress in cancer.

These ideas were widely adhered to during the late 1970s, in conjunction with the rise of belief in unorthodox therapies. The predominant mood of the anti-establishment movement at this time was a desire to be free to decide for oneself what was best. The environment movement embodied public dissatisfaction with cancer orthodoxy. In the early 1980s many people rejected the idea that cancer was caused strictly by the environment. Yet the environment movement did serve to increase cancerphobia with the idea that virtually everything in the environment causes cancer (Holland, 1989). Hence, the early 1980s was witness to a very different climate than the optimism of 1971, as the fears that ACS had no good solid answers were confirmed. Cancer was not being beaten, and no sole cause for the disease had been identified.

Experts promised more than they could deliver, leaving patients and their families emotionally drained and destitute. Many felt that the war had failed. There remained the historically persistent gap between the war on cancer and the often discouraging realities of medical research. For example, despite attempts at prevention, the occurrence of cancer appeared to be steadily increasing by approximately one percent a year in the 1970s and early 1980s (Bailar & Smith, 1986). Since the 1950s five year survival rates for most major cancers had changed very little, if at all (Bailar & Smith, 1986).

But some things had changed. Many patients were tired of the Message of Hope and insisted on taking primary responsibility for their health. People were more open about cancer, although not less apprehensive as they continued to dread the disease.

The consistent, although fallible promises which have been made by the major cancer organization of the ACS in the United States throughout the years have contributed to our present attitudes towards cancer. In an effort to encourage optimism in cancer researchers and the public, the ACS has made some incredible promises and has encouraged great expectations for a cure that is always about to occur. Unfortunately, however, the occurrence has never taken place.

Cancer continues to be a tenacious disease regardless of the research efforts and the increase in survival rates through the use of surgery, radiotherapy, and chemotherapy (Holland, 1989). As Deeley states,

> . . . in the majority of tumours, we do not, as of yet, know the best method of treatment. In spite of the improved treatment techniques there is little evidence to suggest that the overall results of treatment have shown a marked improvement. . . . There have been some apparently promising new treatment techniques which have not yet come up to expectation (Deeley, 1983, p. 605).

Likewise, the magic bullet cure which researchers have been desperately searching for has remained elusive.

> On every level cancer is still a scientific mystery. It is one of the most complex and malignant diseases doctors face and it is not a single ailment. . . . Similarly, cancer has no known cause, so that the dream of a single cure for cancer is just that, a dream (Locke & Colligan, 1986, p. 153).

Holistic Health Ideas

With the promises of a cancer cure that has never materialized, it is understandable that there has been a definite upsurge of advocates for an holistic health approach during the last thirty years, with many of these advocates being very critical of the present medical approach to illness, specifically, in relation to cancer. As Weil (1988) points out,

> Dissatisfaction with regular medicine grows year by year in every sector of society, with the same three complaints voiced over and over: it has become too expensive, too dangerous, and not effective enough at treating the diseases that really matter, such as heart disease, cancer, and stroke (p. 25).

It is not only holistic health advocates who are critical of present day medicine, but the general public is also unhappy, as the medical establishment receives continual bad reviews for its failure to make significant headway in the healing of chronic diseases. As Ferguson (1980) states,

> Like the foilwrap on a disappointing gift, the shiny technology has dealt stunningly with certain acute problems, as in inoculations and sophisticated surgical procedures, but its failures in chronic and degenerative disease, including cancer and heart disease, have driven practioners and the public to look in new directions (p. 244).

With one of these new directions being that of a holistic health approach, what does this approach involve? Holistic health may be defined as:

> . . . a state of integration of the physical body and of the mental and emotional soul-self, in harmony with the spiritual self. . . . The concept refers to the fact that the whole person is greater than the mere sum of his parts, and that there is an approach to the whole person who is ill, instead of merely to his parts or to his illness as if they were separate from the whole of him (Svihus, 1979, p. 480).

The basic foundation of holistic philosophy today is self-responsibility. Ferguson (1980) summarizes the main thrust of the holistic health ideal as it pertains to the responsibility of the individual.

> Health and disease don't just happen to us. They are active processes issuing from inner harmony or disharmony, profoundly affected by our states of consciousness, our ability or inability to flow with experience. This recognition carries with it implicit responsibility and opportunity. If we are participating, however unconsciously, in the process of disease, we can choose health instead (p. 257).

From Ferguson's perspective, we contribute directly to our health and illness by what we think, what we feel, and overall, by who we essentially are. This appears to be the underlying assumption of many self-healing ideals. With self-healing concepts often being presented within the context of assuming patients are able to influence the course of their cancer by way of psychological factors, it is necessary to briefly review this in the literature. What is the standing of this proposition in research?

Psychological Contributions to Illness

Within the field of psychosomatic medicine numerous studies have been conducted in order to search for relationships between psychological characteristics and illness. Although relationships have been found, the exact relationship between disease and psychosocial factors has not been established (Ader, 1981; Levenson & Bemis, 1991). A common deficiency in these studies seems to be the failure to acknowledge that a psychological factor may be only one of several variables in the causation of an illness and subsequent recovery. Another frequent error is that of assuming causality from correlation. With reference to the proposed relationship between emotions and cancer, Alster (1989) points out that even if an emotional correlation was clearly evident, one could not assume that the illness or disease would have been prevented if these emotions had been altered. He makes the following observation,

> It is interesting to note that the emotions and personality characteristics associated with disease are all negative: anxiety, hostility, depression, etc. One wonders what diseases might be

> statistically related to cheerfulness, humour, and hope. What does the well-adjusted person die of? (Alster, 1989, p. 120).

Psychological Contributions to Cancer

Specific studies conducted to seek an understanding of the role of psychological aspects in the causation, progression, and cure of cancer have been treated in a similar fashion. The suggested link between psychological factors and cancer has been proposed throughout history (LeShan, 1989). For example, during the eighteenth and nineteenth century, many doctors believed that loss of hope and feelings of despair following loss or trauma in a person's life could contribute to the onset of cancer (Kowal, 1955). LeShan (1989) has become well known over the past thirty years for his studies linking personality characteristics and cancer. He claimed that cancer patients were unable to express negative emotions, while being very agreeable and helpful to other people. Subsequently, he believed that it became just a matter of time before this repression and neglect of true inner feelings would find its expression through the development of cancer.

However, according to Frank,

> On the basis of an exhaustive review of the literature relating cancer to stressful psychological experiences, for example, one expert has concluded

> that stresses specific to the individual might contribute about 10% to the start of cancers in individuals aged 40 to 60. . . . If the data are correct, the only legitimate conclusion is that the part played by emotional factors in the onset of cancer is relatively small compared with genetic vulnerabilities and environmental carcinogens (Frank, 1981, p. 226).

Sontag (1978) also points out that the same attributions of cause which are being given for cancer are similar to those that were ascribed to tuberculosis before the bacillus was discovered. As she states, "Doctors and laity believed in a TB character type - as now the belief in a cancer-prone character type, far from being confined to the back yard of folk superstition, passes for the most advanced medical thinking" (Sontag, 1978, p. 38).

A number of studies have investigated the role of psychological factors in the cause of cancer, as well as its progression, but the exact connection remains elusive (Sklar & Anisman, 1981; Cunningham, 1985; Cassileth, Lusk, Miller, Brown, & Miller, 1985; Kiecolt-Glaser & Glaser, 1987; Levenson & Bemis, 1991). Research in the psychoneuroimmunology field is attempting to clarify the relationship between mind and body in cancer development and progression. Locke and Colligan (1986) indicate that some findings do suggest that mind and body are inexplicably linked and that the mind does have some influence over the course of cancer. Yet they remain cautious.

> Individuals have always believed that the mind affects the body; now that belief can be confirmed. Even so, psychoneuroimmunologists do not believe they are on the verge of discovering Panacea, the cure to end all cures. Any given methodology is just a piece of a very complex and incomplete picture of the potential of medical science. . . . we must not replace the science of medicine with an all-encompassing belief in Panacea, the human machine is too complicated (Locke & Colligan, 1986, p. 219).

The Moral Model with Cancer Patients

The whole area of psychological factors and their relationship to the etiology and progression of cancer is very controversial and the literature supplies evidence to support both sides of the argument. Regardless of evidence, however, the mind/body connection has been widely publicized through popular cancer self-healing books (i.e. Simonton, Matthews-Simonton, & Creighton, 1978; Siegel, 1986; Siegel, 1989; LeShan, 1989) and by media coverage. Growing public attention has been given to the idea that people have more of a direct influence in their sickness than had previously been considered in orthodox medicine. This belief in people having a direct effect upon their cancer through psychological means can be seen to be the underlying premise of a proposed "moral model" of coping for cancer patients.

In recent years, there has been increasing popularity in support of the moral model in helping cancer patients to cope; the moral model, developed by Brickman, Rabinowitz, Karuza, Coates, Cohn, and Kidder (1982) suggesting that not only are people responsible for their problems, but also for discovering their own solutions. The moral model parallels Ferguson's (1980) statements about self responsibility with regard to health and illness. It is the researcher's contention that the majority of self-healing literature pertaining to cancer, adheres to the ideas of the moral model.

Applications of the Moral Model

According to Gray and Doan (1990b), the two main premises of the popular self-healing literature (i.e. LeShan, 1989; Siegel, 1989; Siegel, 1986; Simonton, Matthews-Simonton, & Creighton, 1978) are in agreement with the moral model, namely that the cause of cancer is at least partly due to psychological and spiritual factors, and that the progression of cancer is also influenced by these same factors. Likewise, regardless, of the strength or weakness of the scientific evidence, many people, cancer patients and health professionals alike, do believe that the onset and course of cancer is partly determined by personal psychological factors (Gray & Doan, 1990b).

Certain proponents of the moral model have gained considerable public attention which has led to wide acceptance of their self-healing ideas (Pelletier, 1977; Simonton, et al., 1978; Siegel, 1986; Siegel, 1989; LeShan, 1989). The message they share is that cancer patients are not passive victims of their cancer, but rather, that they are active participants with some responsibility for the healing process. As a consequence, more cancer patients are taking an increasing interest and active role in direct attempts to influence their recoveries.

Defining Self-Healing

The extent to which this is done, however, varies considerably. For some this involves changing or improving lifestyle habits in such areas as diet, nutrition, exercise, smoking, sleeping, and alcohol consumption. Others may implement various psychological self-regulatory activities such as imagery\visualization, biofeedback, relaxation, meditation, and hypnosis. Others may go beyond this and literally attempt to transform themselves by becoming more loving and peaceful. Actual implementation, however, may be mediated by how much, and what kinds of responsibilities individuals are willing to assume.

In a key article which equates self-healing with self-transformation, Gray and Doan (1990b) draw parallels between self-healing ideals and the myths of an archetypal hero who faces life-threatening circumstances and trials, and only through incredible courage and virtue is able to overcome these tremendous obstacles and return as a transformed hero (Gray & Doan, 1990b). It is expected that most cancer patients have been exposed to this main theme of the self-healing approach, namely that cancer can be fought and beaten. Indeed, Gray and Doan (1990b) claim that there are very few of their cancer patients who have not read literature of this type, and that those who do receive a one-sided picture of psychological and spiritual influences which people have over their cancer. It is the researcher's concern that this may be the self-healing ideal which the majority of cancer patients are adopting. Is this the prototype ideal of self-healing which cancer patients are adhering to?

Advantages and Disadvantages

If so, there are both advantages and disadvantages to be considered with cancer patients' participation in heroic self-healing. Some advantages may be an increased sense of control over one's life, encouragement of preventive health, questioning and resolution of life's meaning, enhanced quality of life, and possible self-transformation. Disadvantages may include feelings of guilt, self-blame, decreased self-esteem, and despair if there is a recurrence, possible foregoing of effective medical treatment, fear of failure, a compulsive drive for perfection, and a sense of hopelessness when comparing oneself with more successful survivors. "For some patients, the adoption of an heroic stance significantly enhances quality of life, if not its duration. For others it can be the cause of undue distress, impaired coping, and increased alienation" (Gray & Doan, 1990b, p. 40).

Limitations

It seems that there are two main opposing camps - those that believe that the mind has a major influence over the body and those that argue that the mind's effects over the body are minimal in terms of affecting bodily changes. It is as if these are two distinct categories or dichotomies of either/or. Thus many people, and patients specifically, get caught in between and suffer the consequences when they attempt to cope with their cancer by self-healing means.

Self-healing proponents each proclaim a particular avenue that is "the way" to achieve self-healing, and they most often are able to back up these claims with legitimate case studies and testimonials. All advocates have their own definitions of self-healing processes and appear to be intolerant of the others. Yet they also aid in creating hard categories by separating those who are able to achieve cures from those who are not, without seeming to make allowances for the uniqueness of individuals.

What will work for one person will not necessarily be effective for another. Whatever it is that individuals do to mobilize their healing resources, does seem to have an effect upon their treatment and their attitude towards treatment. With individualized treatment it seems impossible to access this scientifically. It is also very difficult to access what one person does and use it with another in expectation of similar results.

I need to be careful to not fall in a similar trap of overlooking the complexity of any self-healing process and the unique application which it may have for each individual. Thus, I am interested in exploring with each of the participants what their methods of self-healing involve, to reach an understanding of what they do as individuals, rather than as members of a group.

In this study, I am seeking to explore possible commonalities in self-healing processes of cancer patients. Therefore, it will be important to include participants with a variety of diagnoses to determine if in fact they do share common markers in their self-healing experiences regardless of diagnostic differences. As the themes will indicate, commonalities do emerge.

It is necessary, however, to be aware of research which suggests that different kinds of cancer equate with different kinds of psychological reactions with disease/treatment factors influencing psychosocial outcomes (Gordon, et al., 1980; Andersen, 1992). Yet other research does not support a relationship between different types of cancer and psychosocial problems (Schmale, et al., 1983; Weisman, 1979; Cassileth, et al., 1984). Sneed, Edlund, & Dias, (1992) reported finding no gender differences in their subjects' initial adjustment to cancer. Feifel, Strack, & Tong Nagy, (1987) found that there was no difference in coping responses for different types of illnesses. The type of cancer, time since diagnosis, and whether cancer patients were in treatment did not affect coping in a study of 603 cancer patients (Dunkel-Schetter, Feinstein, Taylor, & Falke, 1992). Another study indicated that type of cancer did not influence the emotional impact of recurrence (Weisman & Worden, 1985-86). Therefore, there is support for viewing self-healing experiences from the different perspectives of various diagnoses.

With the apparent interest of cancer patients in various self-healing programs, how do cancer patients themselves define self-healing? Is it analogous with current popular belief that they are responsible for finding their own cure because they are responsible to a large degree for getting their cancer? Or are their perceptions of self-healing different from those presented in the popular self-help literature? What happens when they do attempt to directly influence the course of their cancer by psychological means? Is that what they are doing when they implement self-healing in their lives?

It is important to explore the answers to these questions. Overall, "what is involved in the experience of self-healing processes for cancer patients?"

Summary

In this section I have developed a framework for understanding the evolution of self-healing ideas. The historical background of cancer has been provided to shed light upon our present perceptions of cancer and what meaning cancer holds today. It is within this context that one can appreciate the emergence of holistic health ideas in general which contributed to self-healing ideas of cancer specifically. The various factors which have contributed to our present adherence to various self-healing beliefs are outlined through psychological contributions to illness generally and cancer specifically, identification of the moral model and its application with cancer patients, definitions of self-healing in the literature, advantages and disadvantages of heroic self-healing, and limitations of how self-healing is presently conceptualized.

The next step of this process is to describe how I came to understand and interpret the meaning and experiences of cancer patients' self-healing processes in partnership with the participants of this study.

3. METHOD

The main research question which I addressed with participants was: "what has been your experience of self-healing?" It was also important to ask the participants: "how do you define self-healing?" It was the participants themselves who defined the context in which they participated in their own self-healing process.

Considering the initial exploratory nature of this research, it became clear to me that a qualitative approach would be the most suitable. I was attempting to explore, identify, and understand the meaning of the markers which characterized the unique self-healing processes for each of the participating individuals as they described their journey of self-care in coping with their cancer. Hence, a qualitative research method was chosen to address the particular goal of achieving understanding and interpretation of the meaning of the self-healing process of cancer patients in conjunction with the cancer patients themselves.

There are a variety of qualitative methods which may have been implemented, some more appropriate than others. In order for me to reach the fullest understanding of each cancer patient's experience, I decided to utilize the hermeneutical method. Unlike a phenomenological study, I sought to understand the experience through my interpretation, rather than by identification of any particular phenomenon or essences.

Hermeneutics

The Oxford English Dictionary (1983) defines hermeneutics as "of interpretation". The word hermeneutics has its roots in the Greek verb hermeneuein, meaning "to interpret" and the Greek noun hermeneia, meaning "interpretation". These words originated with the Greek wing-footed messenger god, Hermes. Hermes is credited with discovering the methods by which humans attempt to understand meaning and communicate that meaning to others through the mediums of language and writing. Hence, through its earliest origins, hermeneutics involves the process of understanding through language, especially as descriptions of experience exist in language (Gadamer, 1986).

Hermeneutics is the ontology and phenomenology of understanding. In an effort to explicate experience, hermeneutics necessitates interpretation. "Hermeneutics involves an attempt to describe and study meaningful human phenomena in a careful and detailed manner as free as possible from prior theoretical assumptions, based instead on practical understanding" (Packer, 1985, p. 1081-1082).

Historically, hermeneutics was a discipline used to interpret biblical texts in the seventeenth century. Eventually the utilization of hermeneutics expanded into the areas of law and the humanities. According to Palmer

(1969), there are presently two main opposing branches of hermeneutical theory. These two branches are formed by the traditions of Schleiermacher and Dilthey on one side, and Heidegger and Gadamer on the other. Schleiermacher and Dilthey stress the importance of methodological principles of interpretation by suggesting the possibility of objectively valid knowledge, in opposition to Heidegger and Gadamer who instead focus upon the nature of understanding and experience. In the tradition of Heidegger and Gadamer, experience cannot be objectified because it can never stand alone without taking history into account. Thus, understanding always occurs within a particular context. As Gadamer states, "True experience is experience of one's historicality" (Gadamer, 1986, p. 340).

For this study I followed Gadamer's tradition of hermeneutics. In order for me to offer my practical understanding of this research, I was to be a full participant by bringing my own values, biases, and preconceptions with me into the interview. The goal of hermeneutics is to seek to interpret the interviewee's experience by fully participating in the process myself.

The researcher needs to be aware of foreunderstandings to facilitate participation in the hermeneutical encounter.

> . . . The hermeneutical experience always includes

> the fact that the text to be understood speaks into a situation that is determined by previous opinions. This is not a regrettable distortion that affects the purity of understanding, but the condition of its possibility, which we have characterized as the hermeneutic situation (Gadamer, 1986, p. 429).

It is also important that a relevant question be addressed. The question develops from the researcher's prior experience, and is asked through a willingness to encounter new experiences and obtain new understanding. The question is crucial to the hermeneutical encounter because "in order to be able to question one must will to know, and that means, however, to know that you do not know" (Gadamer, 1986, p. 344). The researcher brings foreunderstandings and sense of "not knowing" to the encounter with the text, which has developed from the question(s) asked. This participation by the researcher constitutes an interpretation of the text. The text I worked with in this study consisted of transcripts of my conversations with participants. Palmer (1969) explains,

> Methodologically, one does not seek to become master of what is in the text but to become the "servant" of the text; one doesn't so much try to observe and see what is in the text as to follow, participate in, and "hear" what is said by the text (p. 208).

Thus the hermeneutical experience involves becoming involved with the text in such a way as to come to an understanding of the text. There is no attempt to explain in order to predict and control, but rather there is an attempt to interpret the subjective meanings of the participants' descriptions of their experiences.

In describing the relationship of the interpreter to the text, Palmer (1969) states,

> He is not so much a knower as an experiencer; the encounter is not a conceptual grasping of something but an event in which a world opens itself up to him. Insofar as each interpreter stands in a new horizon, the event that comes to language in the hermeneutical experience is something new that emerges, something that did not exist before. In this event, grounded in linguisticality and made possible by the dialectical encounter with the meaning of the transmitted text, the hermeneutical experience finds its fulfilment (p. 209).

For Gadamer, the basic element of text is language. This language is a description of experience which is distinct from the actual experience itself. When the researcher achieves an understanding of the text, that understanding is only one possible way of interpreting, one possible perspective of that particular experience as related by the participant. In this way, there is no claim to one particular truth, thus allowing for ongoing openness to different interpretations. The researcher can never claim to understand the person or the experience, but can only understand a perspective of that description of the experience. Thus, someone else may come to understand the text in a different way, from a different perspective.

This relationship between the researcher and text constitutes the hermeneutical circle. The hermeneutic experience involves the dialectical relationship of an I with a Thou. The text becomes the Thou. The interpretation of the researcher is not a given, but is the new understanding which arises from the encounter between the researcher and the text.

The researcher interacts with the text in such a way that it is a continual flow from researcher to text, and text to researcher. Thus the researcher is also questioned by the text. This is not a relationship between a subject and an object, but rather a relationship characterized by a genuine openness of the I to the Thou. Gadamer explains that the task of hermeneutics is, "to bring the text out of the alienation in which it finds itself [as fixed, written form], back into the living present of dialogue, whose primordial fulfilment is question and answer" (Gadamer, 1986, p. 350). From this hermeneutical encounter, the researcher invites new understandings and risks a personal change from original presuppositions. "It is the kind of openness that wills to hear rather than to master, is willing to be modified by the other" (Palmer, 1969, p. 193).

From this basis I attempted to understand the cancer patients' experiences of self-healing processes and how these processes were affecting them through their experience of cancer. As noted, this was not merely a relaying of information from the cancer patient to myself, but rather, something new which was not there before emerged through the conversational process. In the sense that something original emerged, it was not the same as it would have been for another researcher asking the same question of the same participant because each of us brings our own uniqueness to the encounter, and the creation between each participant and myself was a result of our unique meeting. The uniqueness of all individuals involved was honoured in this way by the hermeneutical approach. I attempted to join with each participant in such a way that through language we could bring into being a new understanding of this experience, and as a result we might each be changed in the process.

Participants

In order to acquire a rich source of experiences from which to draw upon, I wanted to include cancer patients with a variety of cancer diagnoses. It was not necessary that they be presently diagnosed with cancer, but rather that they had been diagnosed in the past and were able to access and describe their experiences at the present time.

In a study of this nature, the characteristic number of participants may range from three to eight (Bain, 1986). One participant represents a case study, two usually provides a dichotomy, and three is the minimum to begin to suggest common themes. I interviewed six participants in order to achieve a rich and varied text with which to work. After interviewing these six people, I was able to draw out the common themes, and I felt that I had an appropriate number of common and unique stories from which to begin to define the self-healing processes. These people were involved with me as participants in conversations, rather than as being involved as subjects to be studied.

Procedure

As mentioned in the introduction, I attended a Cansurmount meeting for the purpose of seeking participants to take part in this study. I had written a letter to the Canadian Cancer Society outlining the nature of my study and requested permission to attend a meeting to present my research and solicit possible participants. At the meeting I attended, I explained the purpose of my research and asked for volunteers. Four people volunteered to become participants at that time. Later I came into contact with two more people by asking one of the participants who was already involved if she knew of anyone else involved in Cansurmount who might be interested in participating. She supplied me with two more names and phone numbers, individuals whom I subsequently phoned, and who agreed to take part in the interview process. All of the participants were enthusiastic about participating in the study with me.

I contacted each participant by phone to set up an appropriate interview time. I requested that we meet in a quiet setting free from unnecessary interruptions. I met one participant in my office and interviewed the others in their homes. Reassurance of confidentiality and anonymity was given while I also made it clear that they were free to withdraw from the project at any time, and for any reason if they found that they should be unwilling to continue. Each participant was informed that the conversations would be audiotaped and transcribed, and that some of the material would be used verbatim in the thesis. I also told them that every precaution would be taken to remove material which would betray confidentiality, and that they would be given the opportunity to read through the transcripts and remove anything that might leave them feeling uncomfortable. They were also aware that I was having someone else transcribe the tapes, and they had no objections to that. Before we began the interviews I had each participant sign a consent form (Appendix A).

During the course of this study demographic information was also acquired. Four women and two men participated in this study ranging in age from 27 to 60. Three of the women were married and had children, and one was divorced and had no children. One man was single while the other was married and had children. Their occupations were secretary, teacher, teacher's aide, accountant, nurse, and sales representative. The cancer diagnoses were diverse, with two participants having had various forms of cancer at three and four different times in their lives. The diagnoses included breast cancer, lung cancer, ovarian cancer, bone cancer, leukaemia, mouth cancer, colon cancer, and a fibrosis sarcoma. The time period since their most recent diagnosis ranged from six months to forty years.

After the first interview I did the transcription myself, to determine whether it would be necessary for me to continue doing it to insure that I would be as close as I needed to the text. For the second interview I had someone else transcribe the session, and I found that this did not interfere with my ability to be closely involved with the text. I was able to immerse myself with the text by later listening to the audiotape while simultaneously reading through the interview transcript to capture the important pauses or meaningful intonations. This enabled me to make the decision to have someone else prepare all the remaining transcriptions.

Each interview began with the question: "What has been your experience of self-healing in relation to your cancer?", and "How do you define self-healing?". Aside from those two questions, I did not have any particular structure to follow. I felt that a structured interview format would be less dynamic and prevent the opportunity for each unique experience to unfold in language. I did not want to impose my preconceptions of the meaning of self-healing onto their experiences. So instead I let the conversations unfold as they progressed pacing particular ideas and comments as they emerged. Thus, each interview evolved through its own unique twists and turns in directions taken through our dialogue. I took an active part in these conversations--asking questions, seeking clarification, suggesting interpretations, reflecting meanings, and indicating my understanding.

For all but two participants, one interview was sufficient to achieve an understanding that we had come full circle in saying all that needed to be said. All of the first interviews ranged in time from one hour to one and one half hours. Of the remaining two participants, one required two interviews and the other three interviews for us to agree that we had captured the essence of their experiences and said everything that was necessary to contribute to an understanding of their processes.

Prior to explaining the processes in which I was able to identify the themes that emerged in a combination of individual uniqueness and shared meanings, it is necessary for me to comment on the contributions these participants have made. These people did not supply me with "facts" for this study, but rather they shared their stories in a climate of openness, honesty, sensitivity, caring, and understanding. They did not merely show me their experiences, but instead they invited me to share in their journeys of discovery. From the comments which were shared afterwards, it became clear that sharing their experiences through language had been a learning process for these participants as well.

When the transcriptions were completed, I brought them back to the participants to have them check what they had said, what they wished to omit, and to verify that everything that needed to be said had been said. This procedure was also used to clarify points which had been ambiguous or unclear for me.

Interpretation Process

From the material in the transcriptions, my aim was to achieve an understanding of the text that would relate to the research question and reflect these participants' experiences as we brought them into language through our dialogues.

In order to engage in this process of inquiry, it was important for me to be immersed in the conversations. This first involved reading the transcript while simultaneously listening to the taped conversations to become involved with all of the complexities, the depth and nuances of the spoken word which cannot be captured in the written text. Later, I worked with the transcripts separately, referring to the tapes when I required clarification or reconnection with the nature and intensity of the spoken conversation. From there I identified the significant portions of the text by highlighting the text and then summarizing the significant statements. This is illustrated with the following excerpt from my interview with Ron.

Dialogue	Summary
R: Self-healing is the attitude that says I am going to get well at all costs and I'm not going to allow whatever has got me to get me down and I'm going to make sure that I work every part back to its fullest potential and that, if I live this way and work this way, it will be defeated, whatever's hitting me, is	Ron is battling to conquer the disease

what I live with or what I try to make as my goal. And it works to the point that if I don't live it then I also notice the other things happening, I notice it going the other way.

S: So could you be more specific about living it? What does your attitude involve?

R: Living it says that I put a smile on my face every day. That I, ah, that if somebody, if a doctor says you're going to be off for ten days, I say no I'm going to be off for two and I make sure that I'm off for only two days. It's the attitude that says that if a bone isn't working, I will make it work, and if it can't work, I'll get a doctor to make it work and then I'll get it working. I'm not going to lie down and just be passive.

S: So, it's an active . . .

R: For me it's active, . . . That it centers on me being an active participant and it also centers on if

When he's not sticking to his strategy he is aware of negative effects

Ron possesses a very strong will, even to the point of defiance

It is important for Ron to actively participate in making his body work for him

Active

I need the proper medical help to make sure that I get that and fight for it so that I can do the things that I want to do.

S: So when you said that, all parts of you, what parts did you mean?

R: Like, it's the way I, like for me my bones are everywhere so part that, in a way that's parts of me like if the arm isn't working, the arm you start working kind of thing. If it's sore I'll work at it until I know for a fact that it's a bone growth and if it's a bone growth the only thing that can be done is remove it. But once it's removed, to start rebuilding it to the point where I've got as much use as I can out of it. Um, and that also makes a difference in the healing. I notice that like for me the incision doesn't usually get infected, that they heal really well, like I went dancing last week and that was only four weeks after I'd had my last surgery on my knee.

participation also means using resources he considers essential

Ron knows his body well and trusts that knowledge and understanding

He is able to directly affect his healing through his efforts and heal quickly

Ron believes

And I really believe it's because I have a positive attitude and that I make it known to myself and to others around me that I am going to be well and there's no way that I'm going to stay down.	that his positive attitude and determination are responsible for his quick recovery

From these kinds of statements I interpreted the meanings, and then I clustered these meanings together to identify themes which, for me, exemplified the self-healing process.

I also wrote a summary of the themes for each participant to assist me in moving back and forth between the parts and the whole of the text. My next step was to group the themes of all the participants together and label them under appropriate thematic headings.

This procedure involved the process of my interaction with the text in reflecting upon the many ideas which presented themselves as I summarized the statements and phrases of a particular dialogue. I then derived meaning from these summaries through interpretation of that particular segment of text and applied that meaning to the whole of the text. As I shifted between the parts and the whole of the text, different interpretations would present themselves and I would find the meaning which made sense between that particular part and the whole of the text.

This became a circular process as I would then again interpret the meaning until I was satisfied that my particular interpretation fit and I felt a greater sense of having captured more clearly the understanding that I was seeking to develop. This was a rewarding task and I felt closely connected with the themes, as they reflected each participant's experience while also highlighting the common markers shared by all participants.

I presented the participants with a copy of the themes which follow in order to check if these interpretations also fit for them and if they felt that I had remained true to their experiences as they shared them with me in our dialogues. Five of the participants read my interpretations and presented me with feedback on how these meanings fit for them, informing me of their perceptions that yes, I had attained closeness in my understandings of their self-healing processes. I was unable to locate one participant who had moved.

As I present this research I am doing so on the basis that although the readers may have discovered different interpretations had they carried out this process, they will be able to understand my interpretation as it developed through my interaction with the text.

4. THE THEMES

In this chapter I will derive the themes which resulted from my interpretative process through the hermeneutical inquiry with the text of the interviews. Hermeneutics involves interpretation which is generative and subjective, revelling in the complex reality of human interaction and connection which occurs through our belonging to a social world. Throughout this process I have attempted to remain true to the meaning of the text which was the mutual product of each participant and myself as I interacted with the text in such a way as to draw out elements which I determined to best exemplify the markers in the course of these participants' self-healing processes.

The following themes emerged from the interviews which flowed from the initial statement, "Please describe your self-healing experience in relation to your cancer". Each dialogue I had with each participant took its own course, with some detours initiated by me and others prompted by the participant as we explored aspects of their experiences which were meaningful and significant to them. My purpose has been to seek out the common ground among participants, illuminating the markers in their process which they consider to be significant and which they have shared in their journeys, while, at the same time, preserving and noting the uniqueness and importance of individual differences of experience.

I have identified the following themes as markers of participants' self-healing processes:

ACTIVE SELF-CARE
- a) Will to live
- b) Coping with difficulty
- c) Coping with loss
- d) Coping with fear
- e) Accessing resources
- f) Learning new perspectives
- g) Affirming faith
- h) Support systems

INVESTED MEANING
- a) Responsibility
- b) The need to know why

ROLE TRANSITIONS
- a) Desire to help
- b) Involvement in Cansurmount

DIFFICULT OTHERS
- a) Non-supportive others
- b) Professional insensitivity
- c) Public perceptions

Thematic Summaries

THEME A - Active self-care is the main theme emerging from the data which encompasses the various ways participants were taking care of themselves through active participation.

THEME B - Invested meaning involves the examination of how participants made sense of their cancer in terms of explanations and understandings, and in light of any sense of responsibility.

THEME C - Role transitions considers how these people who have survived are feeling the desire to give something back in return for all that they have received, and how this is accomplished through belonging to Cansurmount. THEME D - Difficult others reflects the unpleasant reactions and attitudes of family members, friends, the medical profession, and the general public in relation to the participants and their experiences of cancer.

ACTIVE SELF-CARE

Active self-care was the main theme in participants' processes of taking responsibility for doing whatever was necessary to take care of themselves. Participants did this through expressing their will to live; coping with difficulty, loss, and fears; accessing resources; learning new perspectives; affirming faith; and utilizing support systems. Many of these measures of taking care were realized and actualized during the participants' experiences of cancer.

Will to Live

Participants hung onto life through perseverance in their fight to live and determination to make the most of their lives.

Armand describes his process of focusing upon willing himself to live and defying the doctor's predictions.

> **The will to live, just the will to live. Never give up. I would never give up. As the doctor said, "Chances are you're going to die in three months," and I said, "Oh yeah? I'm not prepared to go." After my big surgery in 1948 I was in a coma. I**

> **couldn't speak and I couldn't see, but I could hear. The doctor asked the nurse to call the family, that I'd be gone by morning. I heard that, and I thought, "no, I'm not even twenty-one. There's no way; I'm not prepared to go."**

However, at the same time Armand wondered how much of his staying alive was due to his own initiative and how much was due to God.

> **When your time comes I don't think it matters a whole heck of a lot whether you make it or not - whether you live as long as you want or not, because I think when they call your number, that's it. I believe that my number wasn't called. What I've done with my life depended a lot on me, upon what I wanted, my guts, initiative, intelligence, just go out and to figure it out and to do it. But the life part of it, I'm not sure how much of that was mine and how much of that was spiritual.**

He acknowledged that his Mom, relatives, and friends were praying for him every day. He continued to puzzle over some of his experiences,

> **And yet I've seen things happen in the hospital that are unexplainable: people get up and walk out of bed that shouldn't be up. The mind probably has a lot to do with it; I'm sure that it has something to do with it, because I have seen people lose an arm the same**

> **as I did, at the same time as I did, and today are still crying. Good Lord, that's forty years! How long do you want to cry? I cried about three days and that was long enough. Let's go out and do something! I enjoyed life far too much to waste it on something like that.**

Even through the most difficult times these people managed to hold on to life. Although there were many times Mary questioned how much more she could take, she would still find an answer within herself.

> **But it's just that sometimes you wonder how much longer you can beat it. It's just like running a mile, and at the end of the mile you're starting to get tired, and you just wonder how much more can you go? But something in you just keeps you going. Yes, sometimes it does get depressing, and you get tired, and you don't know where the end is. But yet I think maybe with me it's probably my stubbornness that's kept me going this long, because I've been a fighter all my life; I just won't give.**

Eva also refused to give up.

> **I never thought it was over; I would never allow myself to think that it was over - that I was going to die from it. I knew I had to fight like hell, but I never allowed myself to think I wasn't going to get better. I wouldn't think about it. If it came into**

> **my head, I kept doing something else and I'd say, "No way," and I'd refuse to even think about it.**

That was with her first cancer. Eva swore to herself that if she ever got breast cancer she would automatically get a mastectomy rather than a lumpectomy, because both her mother and sister had had breast cancer and a late diagnosis was what killed her sister after the cancer spread to other parts of her body. When Eva was told she had breast cancer and the doctor recommended a mastectomy, the doctor told her to think about it over the weekend and decide whether she wanted to go ahead with it, but Eva had already decided.

> **I said, "No, we'll plan to go with it. I'm not going to fight that kind of odds." Within a week I was in and had it done.**

Wendy explains how her will to live came through in an experience of anger.

> **I think what helps too is that I'm such an anxious person. I'm not very passive. I guess I'm in fear and fighting all at the same time. It would really bother me when people would come and say, "You know, because you don't know how long you have, you have to live each day to the fullest," and all the rest. They would say I could go out and get hit by a truck, and the thing is, you don't know that. I know something for sure that could come back, and you**

> **don't know for sure about this truck, and it sort of made me angry. I never liked that comment, "Live each day to the fullest," because I wanted many days; I wanted to live a long time, not to feel my days were numbered. . . . It made me think that they thought I didn't have very many days. I wanted a lot of days; I want a long life.**

Ron demonstrates his will through his determination that he has the power to get well if he works at it.

> **. . . for me its just always been my attitude, the way I look at life and the need to make sure that I heal myself, has always been a part of how I live. Self-healing is the attitude that says I am going to get well at all costs and I'm not going to allow whatever has got me to get me down and I'm going to make sure that I work every part back to its fullest potential and that if I live this way and work this way, it will be defeated -- whatever's hitting me, is what I live with or what I try to make as my goal. And it works to the point that if I don't live it then I also notice the other things happening, I notice it going the other way.**

Ron later provides an example of how "it goes the other way".

> **I know when the first word cancer hit this last February, I was totally immobilized. There was no**

> **will, and I ended up with infection after infection in the incision which is really unusual for me because I usually heal really well. I felt that something was wrong and I wasn't really willing, I think I kind of gave up on life.**

Coping with Difficulty

There are a great number of difficulties and limitations which these participants have had to face and accept as a result of their cancer. In doing so, they have struggled to find the necessary resources to overcome these obstacles.

Mary has done a great deal to cope with extreme pain which she could not alleviate with medication.

> **You have to fight to live, because they've tried drugs, they've tried everything, and it got to the point already that there's nothing that'll help anymore. . . . So I just put a limit to experimental drugs: Let's try this, let's try that. After so many years it just got to the point that you just have to fight it. I've walked nights, he's [her husband] walked with me up and down the house, I've cried, hanging on, and eventually it has to let go. And when it doesn't, then you just keep on going.**

Presently, Mary is taking medication at night in order to control her pain. However, she has experienced hallucinations and nightmares which resulted in her abuse of her husband and herself during her sleep.

> **Or sometimes when it happens and I'm alone, I get up and bruises all over me, cuts, and they wonder why I get pissed off at medication, because I can't control it. . . . That's why a lot of times sometimes I'm even afraid to go to sleep at night, because I don't know what the hell's going to happen.**

Mary even tried to cope by moving to another province.

> **But now I sit there and I get depressed sometimes when I'm alone, and I cry with the pain, and then I sit there and I think, . . . "Got to keep on hanging on because the kids are getting married next year." And it even got to the point where things were so bad down here that I went to Vancouver. I tried to run away from everything, . . . and I thought, "I'll go over there and maybe things will be different." But as it turned out it followed me. Except on top of it, . . . it made me more miserable, because all my family and my friends were here. . . . Running doesn't help, so you just have to face it.**

Mary mentions some of her limitations.

> **Yes, there's a lot of things that I used to do, and I get mad because I can't do it any more, baking and all this stuff, because I get tired or the pain gets so bad.**

Eva shares similar frustrations.

> **I will never get back to where I was; I know that. I will never have the stamina I had. I have limitations to live with. There's not a day goes by that some part of my head doesn't bother me. It's to what degree it's going to bother me, but I do not have a normal head. Some days it's just a little bit of an ache; some days it's really in a vise; some days the air really bothers me. And my constant feeling of not being well. I had to learn to cope with it.**

Eva copes with her limitations by accepting however she is feeling and going with it, going with the flow.

> **On the days it's not so good, I do nothing, and I say, "That's it. I've had all I can do today." . . . And then days when it's not bad, I'm off and doing my thing; I'm off and running. I'm not saying it's not frustrating; it is, because there are days that I get so frustrated I could just scream, but at least I know what it is.**

Sharon explains how acceptance of limitations is also part of her self-healing process.

> **In terms of self-healing, I guess mine has been taking time off and really acknowledging my limits, which, of course, we have all the time but we don't acknowledge them. When we're better we tend to push ourselves too much, and I'm much better now, too, and**

> **I'm really going to continue to look at that, because I have been a workaholic and a woman who's done too much.**

Sharon provides an understanding of what this acknowledgment of limits means for her.

> **I'm talking overcommitment in terms of volunteering; I'm talking allowing myself to veg in front of the TV, which I maybe couldn't do in the past because I had to be productive. But if I just want to escape for an hour, it's okay to escape. That's part of healing, too, is allow yourself some escape time.**

Ron is continuing to battle the effects of anaesthesia and accept the limitations resulting from undergoing four surgeries within one year.

> **I have to work at keeping myself up because anaesthesia does a real number on you. I can't do any heavy reading, I can't sit down and read a book. I used to be able to do it with no problem but now my eyes don't concentrate. I get nightmares . . . and I never got them before. Lasts for four to six weeks. And so I don't necessarily get enough sleep . . . So you get tired of dreaming your family is dying and you're dying. . . . The other thing is my memory doesn't work as well. I have to really look for words because they don't hit me right away. So that's difficult. I find that a real problem. But**

> **that's just something I have to live with. I want to go back to study but I'm not going to do it until I know I've had a full year out of anaesthetic.**

Through it all, Ron copes by maintaining a positive attitude.

> **Living my attitude says that I put a smile on my face every day. That if a doctor says, "you're going to be off for ten days", I say, "no, I'm going to be off for two." And I make sure that I'm off for two days. It's the attitude that says if a bone isn't working, I will make it work, and if it can't work, I'll get a doctor to make it work. I'm not going to lie down and just be passive. It centers on me being an active participant and it also centers on if I need the proper medical help to make sure that I get that and fight for it so that I can do the things that I want to do.**

Ron believes this positive attitude is reflected in his health.

> **It makes a difference in the healing. And I really believe it's because I have a positive attitude and that I make it known to myself and to others around me that I am going to be well and there's no way that I'm going to stay down.**

He lives what he says.

> **I've had four surgeries in the past thirteen months.**

> **And that's important for me to keep a positive attitude too because I know a lot of people that after one surgery are wiped out for months. I couldn't do that. If I was to be wiped out at all, I wouldn't have a life!**

With limitations on her ability to work immediately following her treatment, Wendy applied for a disability pension. After it was initially rejected, she was told she could appeal it. She rejected that in the interest of her desire to be well.

> **They say, "You have a year to appeal again," and afterwards I thought, no, I would not, because I felt by having this it's just suppressing myself. It's to say that I'll never be able to work, and I didn't want that. I wanted to be able to get better.**

Coping with Loss

The consequences of the participants' cancers all involved a loss of some kind, including the loss of a body part; loss of energy and stamina; and loss of health.

Sharon speaks about her process of coming to terms with the loss of her breast, and she speaks of her subsequent understanding of who she is as a physical, sexual woman.

> . . . **in my case, because of having lost a breast, allow myself to grieve. I didn't realize until about six months after my surgery, that I really did miss**

> having another breast. So then that's brought out some other feelings, and going through the tears and the various feelings I had about lack of being female and would anybody "want me" quote, again, or what do I look to others? Whereas now I'm quite comfortable with it.

Grieving the loss of her breast also involved coming to terms with her sexuality.

> I was a tomboy growing up and never felt I was feminine, quote. But I'm definitely female; I'm definitely sensual, I'm definitely a sexual being, and I'm a very physical being. So I've had trouble integrating all these various thoughts from the past and the present and acknowledging who I am as this physical being.

Sharon also talks about accepting herself as being a feminist.

> I've struggled with being a feminist. . . . Now I'm quite comfortable in saying I'm a feminist, because I can now verbalize what I mean by that, and I also know that I don't have to verbalize it, which means I don't have to defend myself anymore. It became a way of relating, at work, everywhere, defensive. . . . Immediately assuming I'm being attacked, as opposed to being comfortable with who I am and liking who I am. And there comes healing and peace. So even in

> **that process there's the healing.**

Eva talks about how it felt for her to lose her breast, a part of herself. This was her second bout with cancer.

> **It was harder because the physical evidence was there. I lost part of me, and about a month after I came home it really hit; it really hit that that part of me can never be returned. That's a real blow to your self-esteem. It was hard; I went through some rough times on that one. And rough for David. I didn't make it easy for him, either.**

Armand has had to cope with the loss of an arm and his compensating for that limb. He tried a number of prostheses, but they kept breaking and he got fed up with continually trying new and improved models.

> **I'll bet you I haven't used my arm [prosthesis] for close to eighteen years. I decided to do it without, and it's amazing what you can do when you make up your mind that you're going to do without, and you'll do it anyway. The only problem is, it's slower. What I used to do -- and I can't afford to do that too often -- is that I would go back in my mind of the type of work -- I love to work with my hands -- the type of work that I used to do in x number of minutes that today takes me hours and hours. That's the part that's really frustrating, and I can't**

> **afford to dwell on it. If it comes into mind I just shirk it off, because my reality is that what I used to do in fifteen minutes before takes me four hours now. It gets done, but it takes sixteen times the work.**

As Armand talked about how he has compensated for his losses and remained active in all areas of his life, he contrasted this with a very different approach he had observed some people take.

> **I lost my arm and shoulder June 6th, 1952; I was back to work full time September 2nd, 1952. . . . Yes, three months I was back to work, and I worked ever since. I go to the hospitals and I see people in the same position, or some of them are not even quite as bad as I am . . . and I see them crying for months and months and months. It's really sad; that's really sad to see a life wasted in that manner. I'm sure that they've got talents that they could use to make it better for somebody else.**

Mary discusses how difficult it has been for her to lose her independence.

> **Yes, the biggest thing for a person when they're sick is losing their independence, and that's probably the number one thing in any sickness, when it takes over and you lose your independence. I think trying to keep your independence is harder than trying to fight**

> **the disease.**

Mary is a very independent woman, determined to hold onto her independence for as long as possible. This is demonstrated in her attitude towards her cancers. Her acceptance was something that evolved in the process and which afforded Mary an increase in personal control.

> **. . . and one day I thought, "Well, so I've got it [cancer]! So I've got it for the second time." The third time it didn't bother me; the fourth time, "Oh, well! Let's see, what do you want next that I'm not going to give you?" And this is the thing I say to the cancer now: "Now what do you want?" . . . But no, no, no, you're not going to take nothing any more until it's an absolute emergency, . . . but until then I'm going to try and be on my own and fight it. And, yes, that's plain stubbornness.**

The doctors have suggested surgery for her small intestines to relieve some problems. But as Mary says,

> **But going through this stuff now, the surgery and that, maybe could lessen the problem, but it's fifty-fifty. . . . That's why I say, even with this thing now [suggested small intestinal surgery], if they could guarantee me something, fine, but there's no guarantee, so I'm willing to stay the way I am and fight it this way, because after it could be worse. . . . So, to me, if I don't go for that shit, unless**

> **it's an emergency, then I still have control. If I go for that stuff, then I lose control.**

Mary had fibrosis and she sometimes lost her bowel sphincter control.

> **. . . there's times that I've got no control. And most of the time that's next to being dead before I ask for help.**

Coping with fear

There were many fears which these participants experienced. Among them, the biggest fear was the fear of a recurrence and of dying. These fears were addressed by all participants except for Armand.

Mary candidly speaks of her attitude towards death.

> **But maybe eventually one day it will get me. All I hope for is that it gets me quick. Like I told Joe and the kids, "If something ever came down," I said, "don't let them attach cords and machines and everything else to me and you're just keeping me there." I said, "Let it go." Enough suffering is enough. I said, "that's the only thing that I hope: that my family doesn't have to suffer any longer if they just try to keep me going, and that it's going to be quick, because the family's just suffered too much. But life must go on, because you don't get a second chance to come back!"**

Mary realized that her family was not only coping with the fear of recurrence, but was also coping with the fear of her everyday suffering. As her son Ben told her one day,

> **"You know, Mom, if I had to live like you, with that colostomy and your lungs and everything else, I would sooner be dead, because, to me, you're not living." Joe got so mad he almost beat him up that day, and I said, "No, no, Joe, leave him alone. He's got so much hurt in him, so much revenge ever since they were little kids, that it's good that he's starting to bring it out." But, see, the way he brought it out was in anger at me, like it was my fault that I got sick, and like, "Mom, you're dying." So I guess he thought at the time, "I'd sooner be dead than suffering," because he was relating to me that sometimes he can't stand watching me suffer. But like I told him, "Ben, one day if something should happen to you, which, God, I pray it doesn't, you may think like me when you've got something to live for. You don't give in; life is too short. You take everything you can, and you appreciate it."**

Wendy shares her process of facing the fear of a recurrence. When she was just finishing her treatment, a man who had been in remission for eighteen months returned to the hospital because of a recurrence.

> **. . . it just really bothered me because I felt all the time you're being treated you feel sort of**

> **protected, and now when you're finished, you're in remission and everything, you think, "Well, then, how long am I going to last?" And it's just a really dark cloud that hangs over your head, and nonstop for two days there I was just totally upset; I'd think about this and just start crying because I was just really scared.**

Now it just seems to really bother her when she's feeling tired.

> **Of course, when I'm thinking about it I'm usually tired and I think, "Oh, if I was to come out of remission again, I just don't know. I'd be too tired to go through this." . . . do I have the strength again to go through this?**

Sharon also talks about her fear of recurrence from the context of finding out that someone else has had a recurrence.

> **. . . when friends get a recurrence or you hear of somebody having a recurrence or dying or that, it hits pretty hard because in my case it's, I think--there's two ways I think: One is, I think, I almost feel guilty because I'm doing so well, particularly because I have one friend in particular who, hers has spread to her bones and spine. And the other one is, there's a fear. Will I get a recurrence: How long will I have to live on this earth?**

Sharon sees some benefit to asking herself these questions.

> **And that's actually good, . . . because I'm so much more aware of reality than I was before. I've sort of lived with these rose-coloured glasses . . . in a lot of expectation, expecting people to make me happy, and I don't expect that anymore; I'm responsible for my own happiness.**

Eva has recovered from cancer three times. All of her cancers have been primary tumors which Eva believes she has a better chance of fighting than a metastasis.

> **. . . I worry about it reoccurring, and I hope if it does it's another primary tumor. I don't know how I would react if it's a metastasis. . . . The worst time's at night when I wake up and start thinking. That's really hard. And I'm awake sometimes an hour, two, three hours. Some nights I won't give in to it. I'll just lie there and I'll think about everything else in my life that's going good. I will think about it, but then I'll close the door on it and think about other things, and then I try and relax and get myself back to sleep.**

Sharon talks about what helps her to combat the fear of dying.

> **The saying that I held onto, besides the "Serenity" Prayer, is from Bernie Seigel's book, Peace, Love,**

> **and Healing: "In the face of uncertainty there is nothing wrong with hope." And I would say that over and over again when I was scared, because you do get scared of dying. You think, "Well, here I am separating. Am I ever going to meet somebody else, and if so, will I have anything to offer? Will I live for x number of years?"**

Ron's disease is genetic and he recently found out his brother is showing signs of following a course similar to Ron's, and that he was also scheduled for surgery. Ron hit rock bottom after hearing about his brother's condition. He speaks of some of his fears for his brother which may mirror his fears for himself,

> **...it's scary especially for him because he doesn't have the same compensation through work, so he's going to miss this work so he's going to lose some pay and then we just bought a place and neither of us are rich and the mortgage still has to be paid, so it's the surgery and then it's the fact that his financial worries which are my financial worries and then you still worry about the folks and how they're holding together over this. It's tough when you phone and you talk and like my mom breaks down but she needs to have that emotional release to get it out of her. I try to be supportive; I try to say everything's going to be okay and all, but we can't**

> **because we don't have that assurance.**

Ron speaks about how living with the uncertainty of not knowing if he's going to live is especially difficult in terms of dealing with his family.

> **With my mom and dad I still see the concern in their eyes and the fact that they really can't go two weeks without seeing me. So if I don't go home, they're automatically two weeks later they're there on the doorstep. They have to see that I'm okay and stuff, and that's hard.**

Wendy's concern acknowledges her fear of dying and leaving her son without a mother.

> **And I just felt with my son, when every time there was a nice moment, it's probably going to be the last one, and you wanted to hang onto it as long as you could in case you didn't have another one. It really bothered me about my son. It's gotten better. From my being sick and everything, my son is a lot more affectionate, and a lot more considerate. He's much more sensitive, so that's a nice thing.**

Accessing Resources

These participants were active problem solvers, taking control of their lives, and not letting their cancer control them. They accessed their resources and focused upon areas in their lives where they could make a difference.

Ron and Sharon provide examples of what they do to access their resources. Ron stresses the importance of exercise.

> **I'm working at exercising again at a more serious rate basis, and making a more conscious effort to get out and do that. . . . I've slowed down at work, I'm not being the workaholic I used to be there so that I can give more time for myself. I'm phoning friends that I need to talk with kind of thing, they're my support group and I'm using them more effectively. I'm not being the loner that I can be. I guess I'm also looking back more at my faith and trusting more in that.**

Sharon shares how she monitors her diet and how she has increased her exercise.

> **I'm on multi-million vitamins and minerals and stuff like that, which I do believe work. And I'm also, I won't say wonderful with my diet, but I'm definitely more conscious of what I eat now. I am finally getting myself back to exercising again. . . . I feel that's made a difference, too, in looking at taking the vitamins, looking at things that aren't healthy, and that encompasses a lot of things. That encompasses not being around people who are not positive, as well as healthy food and exercise, doing things I enjoy doing, not pretending any more in**

> **terms of doing things because I think I should like to do them or should do them. If I want to do them I do them; if not I say, "No, I'm sorry, I'm not prepared to do that."**

Sharon talks about how listening to what her body is telling her provides her with the knowledge to monitor changes and maintain control.

> **Knowledge is power and control over your body, and one thing that happens with having an extreme illness is, there is almost a paranoia about what is happening to your body. You get a little ache and pain, and you question, "Is this the result of something?" And that is actually healthy, because too often we don't listen to our bodies and we ignore it and we're not paying attention, so something is able to continue to go on for a while when, really, it should have been looked at earlier, because our body is telling us something is wrong. . . . If they're out of sync, we're obviously out of sync, whether it's out of sync physically or emotionally or mentally, because the three really are interconnected.**

Gaining as much knowledge as possible about their cancer was important for these participants. This was often achieved by accessing information through reading materials. As Eva explains,

> **Knowledge: I had to know what I was involved in. We did a lot of reading and when I didn't know things David would find them out for me, and then we'd sit down and discuss them, the pros and cons, and what it meant.**

Sharon also increased her knowledge by reading about her cancer.

> **Before I had my appointment at the Cross, . . . I picked up from his [doctor's] office a copy of my biopsy report, and with the help of a book that I have, I read, or did my own diagnosis. So, in essence, when I heard from the doctors that they recommended chemotherapy, I wasn't surprised.**

Healthy emotional expression, including anger, self-pity, fear, depression, loneliness, and sadness, was also important to the participants.

Eva was very angry that she had cancer.

> **I figured that I didn't deserve it. But I was angrier at the fact that my kids were just--one was in high school and one was in university, and my whole life had been turned upside down, and I just didn't think it was fair, so I was really angry about that. I never asked why I got it; I never asked that question. I guess I learned that from my mother and my father and my sisters; there's no answer to the whys, so you don't ask them.**

She explains why it is useful to be angry.

> **I'm a believer in positive thinking. But people think, well, I can't be angry because then I'm stressful, and if I'm stressful that's not good. And it's a vicious cycle of trying to be nice all the time. That's worse.**

Eva expands upon this right to be angry.

> **Surely they're real; I'm not going to deny I feel those things. And, damn it, I have a right to feel that way. I don't care what anybody says, I have a right to be angry, I have a right to be frustrated. I've just turned fifty years old at a time in my life--seven years ago I was forty-four when this hit me--I should have been ready to enjoy life and not have any problems. The kids were grown, they were taking care of themselves, my husband has a good job, I was secure; we had everything going for us, so why wouldn't I be mad?**

She then explains how she has dealt with her anger and frustration in a way that benefits her.

> **I think the key is that you have a right to all this feeling; what you don't have a right to is to let them get hold of you and have a negative effect. Vent your emotions, deal with them, then put them away and get on with living. Life was meant to be lived, not to be negative about and say, "Oh, poor**

> **me, I'm done in and I'm going to die." Because we're all going to die, and maybe some sooner than others, but there is so much good time you can have in between. And I can look back, as sick as I was, there were a lot of positive things that happened to me during that sick time.**

After venting her frustration, Mary has learned to take each minute at a time, before she takes a day at a time, in her struggle to maintain her independence.

> **Many times I've gotten mad, I've cried, I've screamed, because I can't lose what I've had before. And, yes, I get mad, saying, "Why does it have to do it to me?" But then, on the other hand, you look, you say, "Well, I've got it. Now what are you going to do about it?" . . . It used to be day to day, but now its minute to minute.**

When necessary, Ron sought professional help through counselling to regain his positive attitude and energy.

> **To mobilize my will I needed the realization that I wanted to live again. I think that has a lot to do with it, the realization that I was just kind of semi living before. I'd been through an incident [unrelated to his cancer] a few years back that I'd never dealt with and it was starting to come forward. I know that I went through a powerful enough experience that really had just taken all the energy**

> **out of me, that when it came (possible cancer) I didn't have enough positive energy to fight what was happening. I went for counselling and I got the attitude back again. I'm going to live and I'm going to keep going. I don't care what the doctors say.**

Ron had difficulty with the message he received from his doctor telling him he was a walking time bomb. He discusses how seeking counselling helped with this.

> **It's getting quieter as time goes on and through professional help. So I've worked it through and I bought myself a mobile home in December and with a seven year debt on it so I'm pretty sure I'm going to be around here for awhile. I made sure that I had the insurance just in case, but I'm making long term plans, so I guess the taperecorder is slowly getting more quieter.**

Armand's decision to refuse to wear a hospital gown in the hospital was an important symbol for him, indicating that he was on the road to recovery.

> . . . **for me I had to dress like this. I could not walk around the hospital in pyjamas. It was just the idea: When I wore one of those I was sick. When I was dressed like this I was fit for the road.**

Another resource which was recognized and acknowledged by all of the participants, was that of maintaining a sense of humour. Ron describes how that works for him.

> The other thing I do is laugh lots or try to. It keeps me going. And considering everything, that's something. And when you can still laugh, then you know life is worth living. If you can laugh and tease and stuff, and that, then you can say, "yah there's life here." And that's what keeps life itself, . . . like I hate being around depressed people. Because then I get dragged down and I really don't want to be dragged down.

Armand also agrees in being with upbeat people, and he emphasizes just how important humour is to him.

> Those I can laugh with are those I keep around, because if you can't laugh it's pretty difficult, very difficult. So when things are down, just chuck it for now and go out and have yourself a good belly laugh and come back and start all over again. You'll feel like a million bucks. . . . You need a sense of humour, not in just being a handicap -- it probably helps a little bit more -- but in everything in every walk of life. If you don't have that sense of humour, it sure gets tough sometimes to cope with what's going on, the setbacks. If you can laugh at yourself, you've pretty well made it. If you can't, you're in real trouble, real trouble. I've noticed that those who could really laugh at things are the

> **ones who learn the best.**

He tells about the importance of introducing humour at the cancer clinic.

> **This is another thing they're starting in the Cancer Clinic now, is the ability to laugh. When you have what they call a real belly laugh, the body secretes throughout its system something like pentothal. It's a drug that kills pain. The more you laugh, the less pain you have. I've seen it.**

Learning New Perspectives

All of the participants have learned a great deal through their experience, learnings which are demonstrated in the course of their everyday lives, learnings with concrete applications.

Armand reflects on the process of learning and making mistakes as he learns.

> **I've pretty well enjoyed my life. It's just, there's some things that I could have done better, but that's hindsight; can't look back. If we lived on hindsight, we'd have nothing, because you'd always be looking back, and if you're always looking back you can't go forward. This is the thing. You made a mistake; big deal! Go to the next one. Learn, and learn, and you're going to learn till the day you die. It's always a process. You learn something every day. Even your grandchildren will teach you**

> **things: their attitude towards life, their openness. . . . the process of learning to forgive and forget; and if something goes wrong, forget it. Take what's good out of it and scrap the rest. If you dwell on it you'll destroy yourself. Nobody can go anywhere without taking the good out of the mistakes you made -- and scrapping the balance: What's no good is no good; you just scrap it and just carry on.**

Eva reflects on her learning process.

> **It's been quite an experience, and you can't help but come out being a little bit better person for it. I think my kids are better people for it, and my husband; our whole family. We're very family oriented. We were before this started; I was all my life, but I think even more so now, even more so now.**

Sharon's learnings focused on realizing priorities, and she specifies these priorities.

> **I've been through counselling the past year. . . . and I said this to my counsellor, "It's really strange to say this, but this has been the best year of my life." It's really brought priorities much clearer and a healing for me. I had carried a lot of, I don't know whether guilt is the right word, about various parts of my past, and, as I said, when taking out the tumor it just sort of said, okay, it took all the garbage out. . . . people who are facing**

> **their mortality, they're realizing their priorities: family, faith, and friends. I really realized the importance of that, and not a heck of a lot else matters. I think those were my priorities, but I definitely didn't live my life in line with my priorities.**

For her there is the acknowledgement of the learning process in which she has been engaged, since she has been challenged to live the priorities which she believed, but did not practice until she underwent her cancer experience and began to take responsibility for herself.

> **. . . when I was feeling low I would cry for my mom. . . . there are times when we just want to be taken care of, and that's okay. And this has been a good time for learning to take care of myself, learning to be my own best friend. . . . I won't say it's been easy, but it's been good. Maybe the two aren't necessarily the same. But they can come together; they can happen at the same time. . . . My friend calls a new learning an "ah ha!" and there's been lots of "ah ha's!" for me.**

Sharon discusses how learning to take time for healing was basically the first step for her in her self-healing process.

> **My process for this past year, the first thing has been to admit that I needed to take a break from work**

> and that I needed the time off to heal, basically eliminating the stresses from my life in the last ten months. I had gotten out of the stressful marriage in March and then the cancer was discovered at the end of June, and I had the operation August first, so that stressful relationship was gone, for the most part. Work was very stressful, and when I left that, that made the world a much brighter place. . . . The reality is, I felt totally overwhelmed. My way of dealing with it was that I can only handle one thing at a time, so I didn't file for divorce until after I had finished my chemo and basically have had very minimal contact with my husband.

Sharon has found a new kind of balance in her life by making the kinds of choices that work for her.

> There's choices I've made in my life that have resulted in various actions . . . And at times I haven't realized I've had choices, and that's one of my goals, is to help people realize they have choices, because even in what was happening to me, there were choices: I could have gone back to work; I could have handled it. But I would have been much tireder. . . . I feel it's been really beneficial, and it's really important to just take time out to heal. . . . and the importance of balance. It's fine for me if I want to work hard on a job, but at the

> **same time, then, if I'm going to do that I need to recognize my need for if I want to call it play times and time with family and friends, that I could maybe work straight for two weeks, but I have to look ahead that, okay, I'm going to have this planned time to balance it. . . . it helps to prioritize; it helps in that process. And then when you're doing that, and you've let some of the "shoulds" go, you realize, "Maybe I don't ever want them back!" So that's a nice point.**

For all the participants it was a matter of learning to take one day at a time. Eva talks about what it means for her to live fully in the present.

> **. . . the quality of life changes. I was never one who worried what's down the road. . . . And I think that's part of because my dad was taken from me when I was twenty-one, my mom died, my sister has died, . . . that I said to myself, "Why worry about tomorrow? It might not get here. All I want to worry about is today." . . . So I think I became definite about the fact that I'm not worrying about five years down the road; forget it. I may not be here to enjoy it. I'm going to enjoy now, and I'm going to do the things I want to do now. I'm not going to be ridiculous and spend everything I've got and be foolish, because I may be here five years down the road, and what am I**

> going to do then? So I combine it, and I do not feel guilty about it.

Eva struggled with giving her worries over to God, but eventually she did, and was able to concentrate on looking after herself.

> And I didn't do a lot of worrying after that. I concentrated on me; in fact, I was very selfish in many ways. I concentrated on me, and everybody else took care of everything else. I only dealt and handled what I personally had to cope with.

Ron had to learn how to be "selfish" in order to take care of himself. He had been a self-described workaholic.

> [I] Can't say no. And I've had to learn to say no. I do that a lot now. . . . it got to a point . . . through the cancer and through the other, it was all of a sudden there was nothing left for me to give! I was empty. I was, there was nothing left. People would ask me to say something and I just couldn't do it! I had enough trouble keeping a smile on my face, no matter if I could do that. And just doing my nine to five job. So I've learned how to in a lot of ways say no. . . . I had to start with thinking maybe I have to be a little bit more important here. My health has to come first. . . . I still live a very busy life. But a lot more of the activities are for me instead of for others. . . . I used to double or

> **triple book things and I don't do that anymore. And I do my best to fulfill the whole works of them. But now I'm a little bit more conscious of the fact that I have to live and my sanity comes first. So I still have trouble saying no to certain things, but a lot of things I say no to fairly easily.**

Ron had some special ways for taking care of himself.

> **If I really get down I go to a casino and do some gambling. Yep, I believe in treating myself. And I love to gamble. . . . I'll waste forty bucks. And it's better than going drinking, getting loaded so you don't remember the next morning. If I lose more than forty bucks, I sometimes feel sick the next morning! But still, for me it's something that I like the chance and it gives me a high and sometimes I need a rush to get myself going again. So I'll do things like that. I'll just do things for me.**

Ron would also take care of his needs by going on spontaneous trips to visit his friends out of town.

> **Yes, when reality becomes too heavy, then it's just kind of an escape, the telephone doesn't ring, nobody bothers me, and I just have time to be alone with me. Or whoever I'm with and it's still -- the drive there is usually three or four hours and I like it to be a nice long one. And that time is just for me. So I do need that. And if it really becomes too heavy . .**

> **. gives me a kind of release. I feel like I can go back at it again. . . . I do want to keep a positive idea in my head and an attitude that says, "I'm going to go places," instead of saying, " oh, life is terrible and I really don't care if I continue". And it's something considering this last year has been unreal. It's been something else and in spite of that I'm here and I'm smiling and I don't know too many other people who have been through what I've been through in the last year and can be sitting here saying I'm doing okay.**

Ron has definitely learned to take one day at a time.

> **That's the way I live. I'm guaranteed today. I'm not guaranteed tomorrow. As positive an attitude as I want, I still have this doctor's saying going around in my head and I'd love to shoot him for it. "You're a walking time bomb waiting to explode." And it's hard, until I can get that out of me and honestly believe that inside of me, I'm going to live one day at a time.**

Wendy has also learned to take one day at a time.

> **After an illness you really do get your priorities in order as to what's most important to you. My family and my health. . . . And I know I'm a very anxious person, so it's like I'm always trying to be aware of how I'm feeling, and I'm always running off to the**

> **doctor. . . . I just take one day at a time, but you just go through a lot of searching, just think about a lot of things, try to be aware of things, try to protect yourself, talking to people whenever you're not feeling right and things are bothering you.**

Wendy has learned to take care of herself by avoiding unnecessary stress.

> **. . . I think I do stress easily. I probably let things bother me more than they should, but what I have tried to do, because I just feel that stress has played a big part, . . . And we've had things happening, with my husband's work and other health problems, and that does bring stress, and you just have to try to not let it get you down and eat you up like it did before and just don't let it bother you as much, try and work around it. . . . But I just don't want to ever have anything that's caused so much stress that it's just going to pull me down, where it's just going to consume me. I try to avoid that now as much as I can.**

Mary learned to take one day at a time and to take time for herself, the hard way. That came with the cancer.

> **Yes, because before that I was too busy. I was going twenty hours a day. I was working, I was running the kids, I was farming, I was doing this, and I was**

> **doing everything for everybody; it was never for me; I never had time for myself. Somebody would say something or need something, I'd be there. And then finally when I started getting sicker and sicker and sicker, then I started realizing. And like the doctor said, I never had time to notice that I had been getting sick, because I'd get sick, "No, I don't have time to go to a doctor."**

When he first lost his shoulder and arm, Armand would not ask for help because he decided he needed to learn how to do things for himself again.

> **This is where I wouldn't, I just wouldn't. I thought, "If I start by asking for help every time I get into a bind, how will I learn?" Watch a child learning to walk: How many times do they fall down? Nobody helps. They get back up and they make an additional step, and they fall and they get back up and they might do another two or three backwards, but eventually they're running. It's taken them a while. They have to learn the balance, they have to learn the rhythm of the step, because everything is rhythm. . . . It doesn't matter what it is, you have to learn the rhythm of what you're working on, what you're doing. Once you've got it, it's very difficult to turn you around. . . I've always done it . . . because I was too bull-headed to ask for help, but I**

> **was smart enough to learn; that's the difference. Just go out and learn it.**

Affirming Faith

Faith was an essential aspect of self-healing for four of the participants. The other two acknowledged their belief in some kind of higher being, but did not utilize this support as the others did. Regardless, this component of self-healing was addressed by everyone in one form or another.

Armand explains that he believes in some kind of higher power, even though he does not feel that he has relied on this in his cancer experience.

> **My mother was a very faithful woman, had a lot of faith, and not me so much. I think I depended a lot on her to come up with the right answers. I was too busy doing something else. I didn't have that real deep faith in God that my mother did. I don't know why: I had a good example, and yet I didn't have enough belief in God. No, I don't think anyone could ever make me believe that God does not exist; all I have to do is look outside, and I know there's someone up there far more intelligent than we are when you see the way that nature is balanced.**

Mary talks about her belief in a higher power in conjunction with her ambivalence.

> **. . . that time after my lung thing [cancer], yes.**

> **I guess I was kind of desperate that time, so I kind of made a deal with the Lord there and said, "Let me be around until the kids grow up." I sort of believe and yet I don't believe. Like, there's something out there, but I'm one that, you've got to prove to me first. . . . I guess at that time it was more like desperation, but it wasn't religion that kept me going. I guess it was my stubbornness that I wasn't going to give in, and that's what keeps me going every day.**

Ron suggests that because we are a social species, we share in our suffering and do not really suffer alone. He says, however,

> **But it's more difficult when you're single because you don't quite have that unity that you have if you're married or if you have kids or whatever; then at least you can share more if you rely on that other person's strength more. But if you're alone and really alone, like, for me, part of my strength I find in my faith, and if I didn't have that kind of outlet to draw into, it would be more difficult.**

Through the experience of cancer, the faith which, for the most part, they already had, was deepened and strengthened. For Wendy, the care and consideration demonstrated to her by the women from pastoral care when she was in the hospital helped her to achieve a stronger faith.

> **Through everything they'd come and you'd just share whatever you were feeling about whatever was happening at that time, and to have them talk to you and they have a prayer with you, and it just sort of strengthened my faith. I went to church before, but I think it brought me closer.**

Eva's cancer experience made her aware of how deep her faith already was.

> **I can say I've always been the one to whom family's been important, and my faith has been important. I think it made me realize how deep my faith was, which I didn't realize [before]. I knew I had a strong one.**

Sharon has been growing in her faith over the past five years, which included the time when she was coping with her cancer.

> **What I believe and what I'm really working [on] now will be a lifelong journey on what I do believe and what I value. Again, the process I've been through the last year is helping in terms of what I do value and what's important to me [my faith].**

Through their experiences, faith also involved letting go and giving themselves over to God by trusting that He would carry them through. Both Eva and Ron specifically mentioned the poem "Footprints" in explaining their understanding of how they were carried through the roughest spots in dealing with their cancer.

Ron discusses his faith and his doubts about letting God see him through that part of his life.

> **For me it really is an important part of my life in the first place, it always has been. And I'm trying to say whatever will be will be. Like it's in Your hands, I'm willing to walk the walk, just give me the ability to do it . . . I believe if I could let go and trust then it would be a lot easier. Letting go is the ability to accept whatever comes and say that whatever happens I will live with, I will come to accept and I will trust there is a bigger plan and a bigger picture. And I guess that's what I'm trying to allow myself to do. Say, "God, okay I'm in your hands and I'm willing to trust, just kind of lead." And it's not that easy. I still want to hold on pretty tight and say yah but . . . but not if it's this, or not if it's that.**

Eva shares her experience,

> **. . . I gave it up that night, and said, "That's it God. You've got it. I'm not going to deal with it any more," and I wouldn't deal with it. Now, if that's called blocking out or not facing reality, you call it what you will, but I couldn't handle it, and I felt He could. And that poem "Footprints", those**

> **last few lines, especially where he says, "That one set of prints is where I carried you," and I believe with all my heart that's what he did for a year. I have no doubts whatsoever.**

She elaborates on this by explaining how she initially attempted to bargain with God for time. Then she gave up praying.

> **I remember bargaining and saying, "If You give me this many times, then I won't fail, but I have to see my kids out of school, I have to see them settled." And finally I remember one night saying, "That's it! I'm not bargaining any more. I'm not getting any answers, and I'm not going to pray any more." I gave up praying. . . . and I said, "It's stupid for me to pray. You know what's in my head, You know what's in my heart, and You know what I'm asking for, so why do I have to tell You over and over again?" And I never did pray after that, and for months and months afterwards, a long time afterwards. And I just found a lot of peace afterwards. I just said that's it. I had my cry, it was over, and all I committed myself to was, worry about the moment I was in, and if I had over one day at a time, that's all I had to worry about. And it worked.**

Another poem which ties in with "Footprints" for Eva is the Serenity poem.

> **Serenity poem; I use that one a lot, because it's helped me face what I've had to face, and I never had to do it alone.**

Ron provides his understanding of being carried by God.

> **There's a neat poem that I really trusted in last year through it all called "Footprints" and the idea of being carried and that I do believe. Maybe that's why I feel there's kind of this, inside me I feel like I'm being carried through it. . . . I've seen evidence of supernatural power in my life so that I guess maybe that's maybe why I have another sense of trusting. . . . It's just the trust and saying, "Yah, He hasn't really let me down yet. I guess I have to trust that He won't let me down again, that He'll give me the ability to carry whatever.**

For Ron, it can still be a struggle at times to actually "let go and let God". He has lived with a great deal of uncertainty with regard to his disease. The doctors will have just diagnosed him with malignant cancer of his bone growths, and then later they tell him there is no malignancy. Throughout our interview process, he was waiting for test results to indicate whether the newly discovered tumor was malignant or not, and was receiving contradictory messages from different specialists regarding his condition. It had been a very difficult time for him, and one of the hardest things for him to accept was his lack of control. Ron discusses the difficulty he experiences,

> **I guess especially with this not-knowing and the fact that I could probably wait in this not-knowing even after they book surgery, another two or three months, [my faith] gives me the patience because I don't know if I have it myself to wait, like I wouldn't want to wish this waiting on anyone else cause it's the not knowing is, . . . that's the hardest thing, one of the hardest things. It's robbed from me, it's took away my ability to make decisions, to do the things I want, to plan things, just to say I want to do this, or I want to do that, or I have to fight this or I have to fight that or fight the next thing. It's not knowing what degree, if it is, that's probably the roughest part right now and I've been living in this for a year and bit right now. . . . I'm a person who likes to make decisions, I like to be able to have control over my life, and I've lost that. I can't even say for sure if I won't be in the hospital next week or I can't even say to my doctor, "I definitely want you to go in" or "I definitely don't want you to go in" because that decision has been taken from me.**

Prayer was identified as a crucial element of faith which enhanced self-healing and which was an important aspect in the support they received from others. Sharon provides her perspective on the power of prayer,

> **I believe in the value of prayer, and that's another self-healing. I asked friends to pray for me, friends and family, and I really feel that helped. Again, not in terms of curing but in terms of feeling their thoughts towards me uplifting me and strengthening me. . . . Knowing that I was in people's thoughts and prayers kept me going.**

Wendy agrees,

> **I think hopes and prayers have helped me a lot; and by talking to God or just talking to myself and trying to work my feelings, my thoughts out. . . . I'm not saying hope and prayer always brings things your way; it does help a lot.**

Eva was aided through prayers being said on her behalf from coast to coast, as her friends held healing masses for her each time her cancer has recurred.

> **Every time I have been sick they have had a healing mass, and you'll never know what that did for me. . . . It was like when I stopped praying, everybody else did the praying for me. I had a prayer chain going, I'm sure, all the way from Newfoundland right through to B.C. . . . I'm a firm believer in the power of prayer--not that it will cure, and I've learned not to ask things to be cured -- I wish for it -- but to give me the strength to cope with whatever I have to**

> **cope with. And I think that's what a lot of my friends pray for too, to give me the courage to face whatever I have to face. And they were there for me.**

Support Systems

For all of these participants, the support they received from family and friends was vital and essential to their self-healing process. It was very difficult for some participants to ask others for help, because they themselves were centered on being givers, and were not accustomed to being receivers. Through the interviews, it became obvious that significant others in the participants' lives had a profound impact through the support they provided.

All the participants spoke of cancer affecting not only themselves, but their families as well, people close to them, people they love. Many of the stories they shared described the painful reactions and attitudes of their loved ones trying to deal with the participant's cancer, as well as their need to deal with their own reactions and attitudes.

Eva emphasizes just how much the cancer experience is a family affair.

> . . . **cancer doesn't just affect the person with cancer; it affects the whole family, without a doubt. And for a whole year my kids never really had a mother, but I was very lucky. Fortunately, my**

> **children were able to recognize that they needed someone else, and they had it. And my friends were able to recognize that they [Eva's children] needed it, so they allowed it. So we were lucky, we all had somebody, and people were wonderful.**

Mary makes a point of recognizing that others often forget that all family members are having to cope with the cancer experience.

> **It's not only the person themselves, but also the family, the husband, a lot of times they're excluded all the time, and that's what causes a lot of problems too. Now if everybody works together and everybody understands, like Joe [her husband] understands, and I know what he's feeling, . . . and if I can understand his hurt and his feelings and get to him, then it could all be together. But if there's one over there and one over there and one over there, everybody's scared, what do you got?**

Mary explains how supportive her husband is to her in dealing with her colostomy experience,

> **[He said] I'm just like a baby. When you have a baby, you'll do anything; it doesn't make any difference what it is. When you love something you'll sacrifice everything. And, like I said, he's gone through a lot of hell, and he keeps on going at it because he knows that if I can do it for myself**

> **I'll do it, but there's times that I've got no control. And most of the time that's next to being dead before I ask for help.**

Sharon had tremendous support from her family concerning her treatment experiences.

> **My family has been wonderful. . . . I was trying to decide whether I would go through with the chemo. My family said that if I wanted to go without it, they would support me in my decision; whichever way I chose, they would support me. And they really wanted me to go on chemo, which I found out later, but if I hadn't chosen to they would support me in whatever decision I made, which is pretty neat.**

For Eva, it was her sister who helped her to deal with her experience of cancer.

> **I didn't do it alone, because my family were here from day one. My sister, who had been dealing with cancer for five years at that time, was here, and she prepared me for a lot of the things that I was going to go through. And because I had that knowledge and that support, when it happened it didn't scare me. I could hear Joan saying, "Go with the flow," . . . I still hear that when I get up tight: "Eva, go with the flow," and she died two years ago. So she was a very strong support for me.**

Eva's sister was also very supportive in helping Eva learn how to cope with the sickness resulting from her chemotherapy, and to accept whatever happened.

> **I was so sick I never thought I was going to live. My sister was here, and she was the one that prepared me for the chemo, and "Go with the flow, Eva. If you're going to be sick, be sick, but don't try and hide it." So I did.**

Support was about being open and honest about what was happening. As Eva explains,

> **We were totally involved as a family. There weren't things we tried to hide or undercut in any way; it was serious, and everybody had to realize it was serious. . . . We were very open. And with my friends and the people I work with, it was very open there too, and they were very supportive.**

Wendy describes the form of support important to her, and goes on to explain how this helped her.

> **There was a lady from Pastoral Care that would come visit me every day, just wonderful. . . . I think what really helps is having people to talk to, just, when you have something bothering you, to be able to talk about it. Through everything they'd come and you'd just share whatever, how you were feeling about whatever was happening at that time, and to have them talk to you and they have a prayer with you, and it just sort of strengthened my faith. . . . people in**

> **the hospital can't come and say, "We can make everything better for you", but they can listen to you and understand as to how you're feeling.**

There is agreement throughout the participants' interviews emphasizing the importance of having someone listen to them without attempting to provide answers, when there usually are no answers. As Wendy states,

> **And what you are feeling, it's quite realistic to be feeling that way, when I was quite scared to say, "Well, now, how long am I going to last?" and they said, "Yes, it is scary, and no one knows."**

Ron finds it difficult to talk to anybody about his concerns because they then chide him for not thinking positively, and for doing himself in. As a result, Ron receives some of his support from a different direction, with a special part of his life being his dog, Lady. Lady offers her love and attention in a completely nonjudgemental way.

> **She distracts me, she gives me hope and I know she's around for a long time to be, long time in the future yet so I guess it's a long term goal that's physical that I can hope for. It's the unconditional love that (she) automatically gives, it's playfulness that distracts you, all those kind of things which are really good.**

Often times when support was given, it was used to battle self-pity. As Eva states,

> **I could look around and find ten people who are worse off than I am, so why am I going to sit here and lick my wounds and feel sorry for myself when I can get out and do a lot of things people can't do? And it's ironic, because when I couldn't do it and I was in those down times, somebody would call, some of them would send flowers, some of them would drop in, some of them would send something over, and it was just enough to pick me up and put me on my feet and get me going again, even if I never left the bed. It put my morale back up where it should have been. Because someone was so thoughtful to take time and do that for me, what am I sitting here moping about?**

Eva believes that support from others is a vital part of healing and helps to make life a little bit easier for the patient. She speaks of how one person she knows prefers not to allow others to help him.

> **But he's not a talker; he's "I can do it myself." And I don't believe people can. They have to realize that they can't do it by themselves. And if they do, it's so much harder; if you allow others to help you, boy, it takes a lot of pressure off, a lot of stress out. . . . But then realize it's only for a short time.**

Ron expands upon this same idea, that of drawing strength from others,

> **The idea of being alone and facing that [cancer and its implications] I was really feeling that, and for me, being single, and if I didn't have my strength in God, I don't know what I'd do, and you need to draw strength out of others, and I guess the idea that I had there was that when you're totally empty, when you have nothing left, then at least having other positive people around you can bring you up, positiveness will bring you up, or else you're just kind of stuck.**

As Eva points out, the support offered by others is not only important to the patient, but also the patient's family and loved ones.

> **And they [friends] were there for me. The people from David's [her husband] work, the same way. Unbelievable, unbelievable. So when I hear people say they won't allow so-and-so to do this or so-and-so to do that, I think, "Oh, you don't know what you're missing!" Because I know there's going to come a time that I'm not going to make it, that something's going to happen, and my chances of dying from cancer are pretty high. . . . When the time comes I want to take the quickest route out of this world. But I know that I will have people around me and I won't have to do it alone, and that's important**

> **to me, but it's important to me because I know my family will be supported. I had one lady who shut her family out, . . . She died a very bitter woman, shutting everybody out. And when I see my mom, how supportive everybody was and she had everybody around her when she died; my sister Joan was the same way, and it made it so much easier for them and for the family. I really feel sorry for people who can't allow that.**

For most of the participants there was at least one significant person from whom they learned a great deal and who became an inspiring example. This was particularly true for Armand who was greatly motivated and encouraged by his close friend who was living with his own handicap of blindness, just as Armand was learning to live with only one arm and shoulder. Armand accessed his resources by being encouraged by this friend of his.

> **I felt that I should plan my life. I was chumming around with a blind fellow at the time [Boyd], and I really felt down one day. I was telling him that I only had, I think the doctor had given me one to three months, . . . and I was really down. . . . I said, "You know, I don't have much time," and he said, "Why not?" I said, "Well, I've only got so many days," and he said, "Is the doctor's name spelled G-O-D?" and I said, "No." Then he said,**

> **"When G-O-D tells you, you'd better pack your suitcases, it's time to go. Why don't you live your life?" And I decided to plan it and live it and forget the rest. I felt that if I did not plan and I made it, I would lose. If I planned everything and I didn't make it, I didn't lose anyway. So I planned, and I lived my life. . . . I felt there was only one way to go, and that was forward, and never look back. The only thing that embarrassed me was my appearance because I didn't have an artificial arm or an artificial shoulder. . . . This was the thing that was really bothering me, but after I got my prosthesis, forget it; I just went.**

Armand speaks again of his friend Boyd, who made such an impression on him and influenced his life's attitude toward dealing with the handicap that resulted from his cancer.

> **I learned that if this man could compensate for his losses the way he did in other manners, why couldn't I? And he always felt that a happy blind man is a man who has learned how to be blind. It made a lot of sense to me. I can be a happy handicap if I learn how to be one and not try to play games with myself, not listen to people.**

Boyd and Armand even played golf together.

> **He said yes, that one day that we'd go play golf. I**

> said, "You've got to be out of your mind. You can't see a damned thing!" And I've only got one arm, and we're going to go out and play golf. He said, "Never knock anything until you've tried it." Even now once in a while I get on the thought of knocking something, and I thought, no, give it a whirl first and if it doesn't work, then you'll really know. He and I used to play golf once a day . . . Everybody thought we were drunk or nuts, but when you think about it, for the other fellow, it was dark all the time. We'd play with people, and they couldn't believe this fellow's blind. He left a real impression on me, that you go out and you do it. Regardless of what people think, regardless of what people say, go out and do it.

Continuing to refer to his friend, Armand states,

> I saw him do things that were incredible. Probably he had a lot to do with my attitude on life after I lost my arm, because I felt, if he can do it, so can I -- it didn't matter what it was.

Armand offers another concrete example of the kind of support that made a difference for him, especially when most of his family was feeling sorry for him.

> Everybody felt sorry for me, everybody except Boyd. He named me Lefty right off the bat, and that started it. He'd come down to see me in the hospital, he'd

> **bring a whole bunch of friends, and we'd really laugh and giggle, and my family would come in, it was doom and gloom. "Don't say this, and don't say that we've done this, because he might feel bad." Boyd would come in, he'd tell me about his day's work, how things were going on and how he was coping with losing his eyesight, because he was just losing his eyesight at the time. And he's never changed his attitude, never.**

Wendy shares her experience of having someone influence her, yet in a different way than Armand. Wendy has a friend with whom she is able to express her emotions around dealing with her cancer.

> **I have a friend, and throughout my illness and everything else, and with my mom being gone, it's like, you know you have your mom and you can call her at any time of day, and I miss that because I can't do that with my mom because she's gone. I have one friend that I feel I can do this with. She's a bit older than me, but someone I feel I can call at any time, and I can tell her anything, and she's sort of taken that place.**

Eva finds that by allowing others to care for her and do things for her that she is unable to do for herself, she is giving something to them as well.

> **. . . I think recognizing what's important to the**

> **person and being able to do that for them is a confidence builder for yourself, so that when I get sick and allow others to do for me, I'm helping them too, because they're dealing with it . . . so there's another way of hoping and self-support, is allowing yourself to let others do for you and know it's okay.**

Eva explains how this works for her.

> **Or you say, "Oh, you don't need to. Everything's okay. I don't need anything." That's a bunch of garbage. You do need things. You need to feel pampered, number one. I am sick; I can't do these things. So you want that feeling of people protecting you; most people do, not everybody. You also have to realize that it's only for a limited amount of time.**

Yet, Eva also wants to clarify that being cared for may become overbearing.

> **When I started to do things on my own, my husband was so frustrated with me. "Don't do that. You're supposed to be taking it easy. . . . You could hurt yourself." Finally, I got mad one day and I said, "Look, I need to do it because it gives me a sense of accomplishment. I don't care how little it is; I've got to do it. . . . But I promise you, I will not overdo it.**

The relationship Eva was able to share with her doctors gave her faith in their ability to do the best they could for her.

> **I had to be able to talk to them [her doctors]; I had to feel that they were listening to me. Really listening, not surface listening; but they really were listening and understanding what I was going through and what I was trying to tell them. They had to be aware of my feelings as well as my physical self, and that's a priority with me, even when I'm not really sick. If I feel my doctor's not listening to me, I'll go find another one.**

INVESTED MEANING

Responsibility

How responsible do these participants feel for having cancer? This theme comes to the foreground when the cause of cancer is still not completely understood in medical science, and while new age thinking suggests that we are morally responsible for everything that happens to us. Although the issue of how they came to get cancer was addressed by all participants, it was not the kind of major issue I thought it might be.

Armand's cancerous growth was attributed by doctors to a blood clot which formed and grew following a severe blow to his shoulder. The issue of responsibility never arose. Eva, Mary, and Ron consider a genetic link as related to the cause of their cancer with various family members also having had cancer. Mary does not hold herself responsible as she explains,

> **Thanks to my mom's dad. He must have given it to me, because here I am, and I'm the same thing.**

Along with the genetic possibility, Ron suggests that he may be somewhat responsible through weakening his immune system by not dealing effectively with some very stressful events in his life prior to requiring surgery to remove a growth in his leg.

> **So I basically went for 3 years without anything and I thought that they'd [bone growths] stopped, so when they started coming back I didn't know why it was hitting, but after working like a madman for hours and hours not dealing with it, and then slowly getting to a point where it was the focus of my life, it says yes maybe the stress and everything had to come out somewhere and it's coming out now.**

This explanation encouraged him to do whatever possible to cope with stress and alter stressful circumstances. Stress as an explanation, is also identified by Sharon as a main catalyst for her cancer. At the time her cancer occurred, she was not able to express herself when something was bothering her, and consequently the stresses in her life continued to build. These stresses focused on a hostile work environment, a bad marriage, and the grief of losing both parents within the previous two years. She explained having some "good stress" from taking courses to advance her career, yet concluded that was not sufficient to balance the other kinds of stresses she believes had to produce either a mental or physical breakdown.

> **To me, part of the reason -- this is my thing -- for getting cancer was that I was holding everything in. It was a build up of the stresses; I believe that something had to happen with my body. I was going to either have a mental or a physical breakdown of some sort because my stress level had to be about two times the required for that to happen.**

Sharon acknowledges the causes without necessarily feeling responsible, since at the time, she was not aware that her thoughts and inner turmoil could be contributing to an illness.

> **I don't feel I'm responsible for my initially getting the cancer, though I do feel that all that was happening in my life definitely were factors in it happening.**

The Need to Know Why

For some participants it was important to discover some meaning from their cancer, to understand why their cancer happened to them. They needed to find some purpose related to their having lived through this experience.

For Wendy it has been very important to question how she got her cancer, though the reason or reasons remain obscure for her.

> **I always feel that there should be a reason for something happening, and I wanted to know why, so I can stay away from it, not ever do that again, because you always live in fear of this coming back again.**

She has done a great deal of searching to find the cause, which included examining anything she might have done. She now believes that her immune system was weakened beforehand, and then exacerbated by her distress resulting from the death of her mother. The initial weakening of the immune system may also have been a result of having been exposed to such things as radiation, chemicals, medication, or food. Wendy remains hypervigilant in order to do whatever she can to prevent a recurrence.

> **I was told when I was diagnosed that I had had it for about a month, and that everyone has cancer cells and it just takes something to get them going. So you start thinking, "what did I do to get mine going?" There's always a question, "why?" and I wanted to know why. I guess I always feel that there should be a reason for something happening, and I wanted to know why so I can stay away from it, not ever do that again, because you always live in fear of this coming back again.**

Wendy sought a degree of control by avoiding anything she felt might have contributed to her illness.

> **I'm a lot more conscious of things around me. I do a lot of searching as to what I was doing prior to my illness, as to what I've contributed to bringing it on. And even though I don't know what for sure, or maybe it's a combination of a few of them, I find myself tending to stay away from those things.**

Ron wonders what the purpose of his disease experience might be.

> **I've tried to say maybe there's some purpose to all of this and maybe I wouldn't have been the same person today, though I kind of think I wouldn't mind giving it a good shot. But that's shaped me into a person that's very caring, who's willing to listen, who can empathize. . . . Like I've walked in enough people's shoes that I can really understand and I can say I've been there.**

Eva also reflects upon the meaning of her experience.

> **There's been some positive. I look back and I think, "I'm still here; I must have a reason for still being here; there must be something ahead for me to do and get involved with," and Cansurmount was one of them.**

ROLE TRANSITIONS

Involvement in Cansurmount

All the participants are presently involved in Cansurmount, although some are more involved than the others. Cansurmount is a place where they can come to be with other people who share in their experience of cancer. They can listen to others' experiences, feelings, and ways of coping, while drawing strength from these other people who can identify with what it means to have cancer.

Wendy and Sharon described Cansurmount as a helpful support group where they felt able to lean on others while being reassured that what they are experiencing in relation to their cancer was normal for the situation. Sharon's chemotherapy experience was an emotional rollercoaster through which she received a great amount of support from a Cansurmount volunteer.

> **I also had my Cansurmount person that I could phone and talk to her and she could tell me, "Hey this is normal. No, I'm not going back to square one in terms of my process of feeling like I'm handling things, that this is normal." So once I discovered that it was normal I could flow with it and the blue times didn't last long.**

Sharon found it difficult to accept support at first, because she has always been a giver. But she has learned that being able to ask for help and receive this support has been an integral aspect of her healing. It made a difference for Sharon to talk about her experience of cancer, have the freedom to cry, be happy, and talk about her fears, all of which she felt free to do in Cansurmount. She discovered that it was often more helpful to talk to people who had actually experienced cancer than to talk to family and friends who had not had direct experience.

Ron found it helpful to listen to other people's experiences, but for him it was especially reassuring for gaining a new perspective on his own process by being able to relate to what was being said and then being able to say, "hey, I was there before, and now I'm here".

> **And it puts perspective. I'm no longer the person who has all the questions and who needs to do all the talking. If I live to be a hundred I'm still living with the C word. But at least it kind of puts things into a nice little tidy box that says that "yah I've been there and I know where I am now and I know that I'm more complete."**

Desire to Help

For Ron, Eva, Armand, and Mary, it is important to be in the giving/helping role and not just be receiving. They want to give something back by passing on what they have learned from others, with the hope that the chain of giving will continue. They believe that it is the unknown that people are afraid of, so that talking and sharing their experiences takes away some of the fear. As Eva states, and goes on to explain,

> **So if you can provide some kind of a positiveness to someone else, then that's important. So by giving something, I'm repaying all that's been given to me, because I don't think I'd be sitting here today without all that was given to me. I had a lot, and I don't know how people cope that don't have a lot. Some of the things that happen to you spin off to somebody else again, and it changes a person's life just one little bit for the better, and what's happened to you has helped someone else. That's why I'm involved with Cansurmount. If I can help someone make their road a little easier or help family members or friends make it a little easier and able to cope with it, then my life's been worthwhile, too, in that regard.**

Eva is also involved with the hospital, and is doing some public speaking.

> **So by giving something, I'm repaying all that's been given to me, because I don't think I'd be sitting here today without all that was given to me.**

Mary explains her participation in Cansurmount:

> **I've had a lot of learning time. So now that I've learned lots, it's time to pass it on, and that's the**

> **way I feel. So by talking to other patients and supporting them and doing all this other stuff, I feel like I'm teaching my experience to them what they're just going through, and then when their turn comes, they'll pass it on, and let's hope that it just keeps on spreading and spreading and spreading so maybe people will understand what it's all about. Because if somebody doesn't talk, then how's anybody going to know anything?**

For Armand, Cansurmount is also about sharing.

> **I like to share my life, I like to share what I've got, I like to share my knowledge, everything. I like to share it with somebody. I'm not happy if I'm not sharing it. That's what I do with Cansurmount, is share.**

Armand wants to help others to avoid the problems he encountered when there was no support available to him. Armand explains:

> **I wanted to give something back to some of the cancer patients over there, because I've gone through hell, and I don't mean maybe.**

Mary finds that by focusing on keeping busy she is able to maintain an active lifestyle and does not have time to worry about herself. This helps to prevent her from feeling sorry for herself.

> **I'm at the Cansurmount and all that because I've**

> **always been a busy person, like, help everybody else. It's help everybody else and don't worry about me, because I don't have time. If the pain is there, I'm too busy to pay any attention to this pain.**

Ron has a strong desire to help others by providing them hope through his experience. He has gotten support from the group and finds that that helps him regain a positive attitude when he's feeling down. He thinks of Cansurmount as a group for survivors, and considers himself to be a survivor. Ron wants to go back to school to work toward a Masters degree in counselling and then work in a hospital setting.

> **Work with the dying. I think that's where I could, especially like people with AIDS, patients and stuff like that, people who are young. And I can say, "Yah, I know what it feels like, I'm alive and I'm still going," and that's a) to give hope, and b) the fact is, I know what it's like when a doctor says, "you're terminal". . . . I think I have a lot to offer there.**

Both Mary and Armand made a point of saying that they have no time for people who feel sorry for themselves. It is essential to Mary to encourage these other patients to fight, and to be survivors, and she goes on to explain.

> **Other people that are giving up, I'm saying,**

> **"it's easy to give up; to me, that's a coward's way out." It's the fighting that makes you stronger, and that's why I talk to these people. I try to help these people, like saying, "Look, don't give up." Because one thing that drives me crazy, when somebody sits there and wants pity, like they're the only ones in the world. You sit there with an attitude like that, and it will kill you.**

DIFFICULT OTHERS

Non-supportive Others

These participants' also had to cope with negative reactions and attitudes from family, friends, and people in general.

Armand was a young man in 1952 when he had the operation to remove his cancerous right shoulder and arm. He had to fight against family attitudes, his mother being the exception.

> **If I'd have listened to people, to those who were close to me--my father, my brothers, and my sisters--and listened to their attitude on what I should be doing, I'd never have made it. . . . I would have given up. They were saying, "Can't do it. You're not supposed to be doing this. You're crippled, you know." And I heard this so many times that now it's become a joke. If somebody wants me to do something**

> **and I don't want to do it and they ask me why, I'll say, "I'm a cripple, you know." But if I want to do it, I do it. This was the biggest disadvantage. My father couldn't understand it. My mother was the one who really -- I don't know how to explain it. She wasn't pushing me, yet she was trying me.**

Armand's mother got him trying to do things and encouraged him in the process. The other family members never did change their negative attitude. Armand elaborates,

> **There's been a lot of jealousy, and this is another thing I don't understand: Why? I'm not supposed to be where I am. I'm not supposed to be travelling all over the place. I'm not supposed to be going out and dancing and spending money. I'm not supposed to have money to start with, because I'm a cripple, you know. And this has been the attitude: "You should not have been able to make it."**

Ron shares his experience of being rejected by friends.

> **There are my number of friends who couldn't deal with it, who just couldn't take me having cancer, and just kind of walked out of my life. Like that was real, but I know I did it to other people! It [cancer] says we're very mortal. And in my head, like watching somebody die in front of your eyes. It's yah, I'm . . . this is what's going to happen. It doesn't matter if I die of cancer, whatever. I'm**

> **going to die.**

Professional Insensitivity

Ron explains how he came to face his mortality after being told by the doctor that he did not have long to live.

> **When you hear the word cancer it takes another little leap out of your head because then you're dealing with a factor that says you're going to die, you're going to die, even though you're fighting the other way that's saying you're going to live. And for me that was really made real because the doctor . . . said I was a walking time bomb waiting to explode. Those were his words . . . He gave me two to three years. This was in March. Right after my last surgery. So you can understand why I was basically wiped out. It was pretty hard to be positive when you're told you're a walking time bomb ready to explode. And now I'm a year in and I've proved them wrong so far.**

Ron shares more of his thoughts on what he had been feeling after being given the pronouncement that he was a walking time bomb, and how he sought to maintain some personal control over the situation.

> **When you're twenty-seven years old, and, just the talking and the tears are coming; I don't have much control over that yet. It's like you have your whole**

> **life to live and you're told that you're not even going to make thirty! You're not going to have a family, you're not going to be able to get married. My family doctor said that if these results are accurate, he says wherever you've wanted to travel, do it kind of thing. It was really hard and it was hard to, I had to be strong because I had my family around me, like when you tell your parents you have malignant bone cancer and they can't do anything.**

Ron acknowledges that he may never be able to disregard that doctor's words.

> **. . . I will constantly live with the walking time bomb, so I will have to appreciate whatever time I have and live it as fully as I can and do everything to live as long as I can, living as fully as I can, because I don't know . . .**

Armand puzzles over why doctors try and provide answers to questions when they have so little knowledge. Armand's doctor had initially told Armand that he had three weeks to live, then three months, and then finally a year. At that time, Armand told the doctor to make an appointment for him one year from that day because he would be back to see him then.

> **The following year I went back to see him on the same day; I had no appointment. They had closed my file, they were so sure I'd never make it. They put my**

> file away. They had to go out and get it out of the storeroom. I told him what had happened, and he said, "I'm not God, but people ask me questions that probably they ask the good Lord Himself, and I can't answer them all." My first thought was, "Why don't you tell them the truth: You don't know."

Public Perceptions

Mary shares her frustrations with other people's misconceptions about cancer.

> A lot of times people think cancer's contagious. Like: "Stay away from me!" But another cancer patient will go to that person, hold their hand. . . . People's reactions to a disease. They won't talk about it, but yet there's ways that they react, and that's what hurts too.

Eva compares people's general willingness to talk openly about cancer now as opposed to thirty years ago when her father died of cancer.

> My dad--thirty years ago people weren't as open about it, and he had a really hard time talking about it. . . . there were so many things you didn't talk about because you upset the other person, where, looking back, it would have been the best thing in the world to do. But we've come a long way in being able to talk about cancer openly and dealing with it, that my mom and my sister showed me how positive the effects

can be dealing with it, and therefore I was able to deal with it.

5. DISCUSSION

Introduction

There were four main themes which emerged through the interpretation of the participant's descriptions of their self-healing processes. The major theme was "Active Self-Care" which involved the ways participants learned to take care of their needs, often from new directions. The second theme, "Invested Meaning", examined participants' ideas of responsibility and questions about why they contracted cancer. "Role Transitions" was the third theme which provided an understanding of the importance for these participants in belonging to the Cansurmount support group and their desire to help others based on their own experiences. And finally, the last theme, "Difficult Others", reflected participants' experiences of coping with people in their lives who were hurtful and/or who lacked understanding of the cancer patients' experiences.

I had initially asked participants to define self-healing for themselves so that I would not be limiting the interview with my imposed structures. Self-healing was a very difficult concept to define as a single idea, with meaning and definition emerging throughout the interviews in the descriptions of the process itself. It was difficult to contain the definition within a few sentences because it then seemed that much of the complexity was lost. Therefore, the definition emerged throughout the descriptions of processes and was highlighted through these common thematic markers. The self-healing processes of these participants were fluid and dynamic, rather than static. The participants did not offer one-dimensional approaches, but instead described rich, complex, and multi-faceted experiences.

The indicators of the self-healing process were about down to earth realities which were part of daily living within the context of the cancer experience. Cancer is a disease that affects all areas of a patient's life (Seffrin, Wilson, & Black, 1991; Haney, 1984). This process reached into every aspect of the participants' lives and touched upon many people in the participants' worlds. This process is not only about experiencing a serious life-threatening illness, but about experiencing cancer within the context of it being one of the most dreaded and feared diseases (Haney, 1984; Holland, Geary, Marchini, & Tross, 1987; Katz, Hass, Parisi, Astone, McEvaddy, 1987).

An overall interpretation of these themes suggest that these self-healing process markers were steps along the path for participants in realizing what was important in their lives, connecting with their inner selves, connecting with the people that mattered in their lives, and in doing so, being able to truly live their own priorities. In connecting with themselves, they acknowledged the necessity of attending to their own needs. These markers also acknowledge the power and healing of our human connection with one another, as well as with a Higher Power. Through these self-healing processes, these cancer patients empowered themselves.

Empowerment

The themes of this study reflect the ability of these participants to empower themselves. Thus, I will be discussing the themes of my study from the empowerment perspective in relation to cancer patients. Gray and Doan (1990a) discuss the necessity of empowering cancer patients to "own their own lives". They believe this attitude is now greatly influencing the health care system in various ways. Empowerment is crucial in the cancer field with cancer patients experiencing a decrease of personal control in relation to: being diagnosed with cancer; the uncertainty of prognosis and outcome; the fear of recurrence and death; coping with difficulty, loss, and pain; treatment side-effects; and hospitalization.

The ideas which Gray and Doan (1990a) promote for empowering cancer patients at the individual level are in essence encapsulated by the themes which emerged from my study. Gray and Doan (1990a) suggest that patients becoming actively involved in their treatment and recovery are empowered by enhancing their abilities to cope and increasing their sense of personal control.

Pennington (1982) also refers to the idea of empowerment, as she identified seven distinct steps in her cancer patients' path to better health. In order of process, these steps were: awareness, meaning, choice, will, responsibility, strategies, and change. Her participants also utilized specific techniques to improve their quality of life such as exercise, meditation, psychotherapy, humour, relaxation, imagery, and creative projects. It is interesting to note that participants in my study were able to utilize a process very similar to Pennington's (1982) participants. My participants have demonstrated that they have taken responsibility for themselves and have sought to gain an increase in personal control in how they have coped with their cancer experiences. They also consider this process to have involved many different aspects of learning and they have changed their lives in significant ways. They spoke of utilizing humour, professional counselling, relaxation, exercise, nutritious eating habits, and concentrating on themselves, in the process of healing. Neither my study, nor Pennington's appeared to be associated with the burden of responsibility for cause, usually associated with anything suggesting "self-healing". Pennington (1982) suggests that the purpose of self-healing is not to blame anyone, but rather to empower these people so they can make helpful and healthy changes in their lives. It appears that this was accomplished by the participants in both studies.

Surprises

This interpretation process of the themes resulted in a number of surprises for me. I had originally expected that these participants' ideas of self-healing would follow along the lines of self-transformation and subsequently they would be stating that they had played a major role in getting their cancer. However, these beliefs did not emerge. It was very reassuring for me to discover that these cancer patients did not adhere to self-transformation beliefs and did not get caught up with responsibility issues. This provided me with a greater appreciation of the complex meaning of self-healing, as well as the realization that self-healing as described by these participants was a basic application of coping resources. It was heartening to realize that the markers of the self-healing process which emerged were markers which could be applied to coping with not only cancer, but with other illnesses as well, and even with general life stressors. As well, it became apparent that the moral model which I proposed as an underlying premise of many self-healing ideas did not fit for these cancer patients.

Compensatory Model

A model which fits more appropriately with the themes of this study is the compensatory model of helping and coping. This model encompasses both the increase in active participation of cancer patients through empowerment, as well as the move away from placing blame on cancer patients for their illness (Northouse & Wortman, 1990). As noted in chapter two, the idea of self-healing is often associated with the moral model, placing responsibility upon patients for getting their disease as well as recovering from it. However, the compensatory model does not hold patients responsible for getting their illness, but does hold them responsible for their enhanced recovery. Therefore, when referring specifically to cancer patients, this model proposes that cancer patients are not responsible for the cause of their cancer, but they are responsible for taking an active role in regaining their health (Northouse & Wortman, 1990).

Taking Care of Themselves

It was refreshing to discover that the participants in my study did not claim responsibility for becoming ill. Although some participants felt that stress in their lives prior to their getting cancer may have contributed to their illness in weakening their immune system, they did not hold themselves responsible. Similar kinds of responses were noted in the research done by O'Connor et al. (1990).

As Fiore (1985) states,

> More than ever before, it must be stated emphatically

> that cancer is not a punishment for wrong thinking, a weak will to live, or a loser mentality. We are all vulnerable to illness and death. Yet, in our highly technological society, the need for a logical, cause-effect explanation is such that we often prefer blame and even guilt - with their partially satisfying implication of control - to acceptance of the human condition, with its lack of control, unknown causes, and random victims (p. 1354).

The participants in my study were able to accept their human condition by actively pursuing specific avenues of self care which they considered to be important in their self-healing experiences. It is noteworthy that other studies produced similar themes, with patients taking responsibility for actively enhancing their recovery (Pennington, 1982; Roud, 1986-87; O'Connor, et al., 1990). In the cancer field there has been an increased emphasis on active participation of the patient in their treatment regimen (Gray & Doan, 1990a, 1990b).

My participants utilized effective means of taking care of what was most important for them, themselves. They did this in order to do whatever was within their control to enhance their health and quality of life as they experienced cancer in their lives. Active self-care was a direct way for them to increase their sense of personal control.

For most of the participants, expressing the will to live was an essential first step in active self-care. Roud (1986-87) interviewed nine people who were considered to be exceptional survivors after being diagnosed with terminal cancer, and he found that the will to live was an essential initial step for the healing of his subjects as well. Pennington (1982) interviewed six patients who had been diagnosed with terminal cancer and who had outlived their prognosis. Overall, her finding was that her subjects all had claimed their will to live and the turning point occurred when they put their will into action. This was achieved by taking responsibility for themselves and using their illness as an instrument for change. Similarly, my participants also accepted responsibility for themselves and made necessary changes in their lives to enhance their recoveries. A will to live was an attitude which these participants brought forth for themselves in an active sense, it did not just happen to them. Roud (1986-87) and Pennington (1982) claim that a strong will to live is essential for recovery and survival for cancer patients.

It has been suggested in the literature that those who utilize a fighting spirit demonstrate better adjustment to the effects of cancer than those who do not (Krause, 1991). In putting their wills into action, my participants fought for their lives.

A fighting spirit has been identified in the literature as a significant prognostic factor in breast cancer (Greer, Morris, & Pettingale, 1979; Pettingale, Morris, Greer, & Haybittle, 1985), with a fighting spirit defined as "a highly optimistic attitude, accompanied by a search for greater information . . ." (Greer, et al., 1979, p. 786). Another study (Nelson, Friedman, Baer, Lane, & Smith, 1989) examined the validity of the underlying concepts used by Greer. et al., (1979), concluding that a fighting spirit was a stable factor reflecting "a nonavoidant coping style, the freer experiencing and expression of feelings associated with cancer" (Nelson, et al., 1989, p. 354). This definition fits for the participants of the current study with reference to their ability to express their will to live that included a fighting spirit.

However, at the same time that determination and perseverance "at all costs" is exemplary, it does bring into question, what happens if one is not able to defeat the disease? This raises the issue of failure and what failure means within the context of having cancer (Gray & Doan, 1990b). If the cancer is not beaten, does that mean one has failed? A common public attitude seems to suggest that death is failure when it occurs "prematurely" from an illness such as cancer because the patient did not have enough "will to live". Yet that raises the question of whether one should fight until the end or accept that one is going to die. Is it failure if one accepts that one is going to die? Yet eventually death is inevitable. Gray and Doan (1990b) point out that there is a risk of despair and guilt when a patient feels personally responsible for overcoming their cancer, and then subsequently fails to succeed in doing so. However, according to Taylor (1983), the recurrence of cancer in people who have attempted to take an active role in their recovery does not necessarily cause major adjustment problems or despair. Rather, she suggests that these people will then just shift these attempts for control to other areas of their lives (Taylor, 1983). This issue did not emerge for the participants of my study.

Increasing Personal Control

In this uncontrollable experience, it has been very difficult for these cancer patients to lose control over their lives, as they were continually striving to maintain whatever control they could. It is common and understandable for cancer patients to feel a loss of their sense of control in dealing with the complex multi-faceted experience of cancer (Gottesman & Lewis, 1982; Taylor, Litchman, & Wood, 1984). Consequently, they will most often strive to do whatever is possible to regain a sense of control. This was accomplished in a variety of ways by my participants, such as putting themselves first, altering their lifestyles, clarifying relationships, and redefining priorities. Gray & Doan (1990a) suggest that these are effective methods to achieve increased control in one's life. Taylor, et al. (1984) have found that better adjustment to cancer was achieved by those who possessed a sense of control.

Identifying and utilizing coping resources is one method of increasing one's sense of personal control. Coping generally refers to the many methods through which people attempt to handle stressful situations (Humphrey, Littlewood, & Kamps, 1992). In my study, these participants faced various difficulties, losses, and fears. They all shared in the need to cope in the way that best fit their individual needs and reflected their respective difficulties. Other studies support this finding that it is important for cancer patients to cope in their unique styles (Roud, 1986-87; Manos & Christakis, 1985). Coping for my participants involved increasing their sense of personal control.

These participants experienced major losses as a result of their cancer, including the losses of health, body parts, energy, and control. The disease of cancer imposes many limitations on cancer patients (O'Connor, Wicker, & Germino, 1990). The participants of my study learned to accept their difficulties and subsequent limitations. However, this acceptance did not equate with self-pity or lack of living a full life. They still fought for as full of a life as possible and in no way did they give up. O'Connor et al. (1990) also found that their respondents were able to effectively cope through acceptance, and by making the best of their situation.

For my participants, coping also involved an acknowledgment of their fears. There were two main fears faced by these participants, with Armand being the exception. These fears were fear of a recurrence and fear of dying. This sub-theme is supported in the literature by studies which demonstrate that these fears and thoughts regarding recurrence and death are a natural part of cancer patients' experiences (O'Connor, et al., 1990; McCorkle & Benoliel, 1983). Uncertainty and fear are to be expected when one is experiencing cancer, with cancer threatening one's life and way of living (Haney, 1984; Mishel, et al., 1984; Sontag, 1978).

It is important to maintain hope in the face of uncertainty, and hope is of utmost importance for cancer patients (Krause, 1991; Manos & Christakis, 1985; Hickey, 1986). Roud (1986-87) found that generating hope was not something which just happened to his subjects. Rather, it was an active process involving their ability to take responsibility for their lives. The descriptions offered by my participants suggested that they had wilfully generated hope to use in confronting their fears and in keeping the fears from overwhelming them. They also connected with various sources of hope such as hope for a future without cancer, hope to give continued meaning to their cancer experience, hope for life ahead with its experiences to live for, hope of their resourceful abilities, and hope from their faith. Similar kinds of hopes were shared by the respondents in O'Connor's et al. (1990) and Roud's (1986-87) studies.

Cancer patients' fears of dying are often not only in relation to themselves, but also related to their families (O'Connor et al., 1990; Manos & Christakis, 1985). This was apparent for my participants in their struggles to keep from being overwhelmed by the fears of leaving their families by dying. At the same time these fears also brought an increased awareness of how precious their time was with their loved ones. Similar findings suggest the possibility for improved family relationships as a result of the cancer experience (O'Connor, et al., 1990; Manos & Christakis; 1985).

Accessing Resources

In order to cope as effectively as possible, my participants accessed resources in an attempt to influence their health with tangible actions. This accessing of resources has also been addressed in the literature as an important aspect of coping with cancer (Pennington, 1982; Roud, 1986-87; O'Connor et al., 1990).

My participants have emphasized the importance of exercising regularly, monitoring their diet, decreasing their workaholic tendencies, learning to say no to things that are not healthy for them, and taking more time for themselves in doing things they enjoy. These findings parallel results of other studies (O'Connor et al., 1990; Roud, 1986-87).

It was important for my participants to gain knowledge about their cancer and subsequent treatments. Findings in the literature suggest that cancer patients seek to gather as much information as possible to access another method of gaining control (Young Brockopp, Hayko, Davenport, & Winscott, 1989; Blanchard, Labrecque, Ruckdeschel, & Blanchard, 1988; Feather, Wainstock, Remington, & Ringenberg, 1988; Krause, 1991). My participants sought out information which would enable them to more fully participate in their medical decisions, as well as increase their sense of control. Cassileth, Zupkis, Sutton-Smith, & Mack (1980) found that the majority of patients want to gain as much information as possible about their diagnosis and treatment, and most prefer to participate in their treatment, enabling them to maintain hope regardless of learning about the possible severity of the diagnosis and treatment. They noted that patients who became active participants in their medical care were significantly more hopeful than those who ascribed to traditional ideas of medical care, i.e., giving over responsibility to the medical care givers (Cassileth et al., 1980). Although there has been a trend towards increased information seeking and participation among patients, caution is also advised for physicians to become sensitive to verbal and behavioral cues when deciding how much to involve patients in their medical care, because not all patients do want to be fully involved (Cassileth et al., 1980; Molleman, Krabbendam, Annyas, Koops, Sliejfer, & Vermey, 1984; Pruyn, Ruckman, Brunschot, & Borne, 1985).

Another way in which my participants accessed resources was through the expression of their varied emotions in relation to their cancer experience. Roud (1986-87) found that emotional expression had a positive outcome for his subjects in coping with their cancer as well. Emotional expression involves the ability to express all emotions, even those that are considered "negative". For example, people think they can not or should not be angry because then they get stressful, and they do harm to their body by not thinking positively. This has become a widely held misconception because of all the emphasis on positive thinking and possession of a positive attitude (Gray & Doan, 1990a). However, it is potentially more harmful to not express or acknowledge the whole range of one's emotions. As commented upon by my participants, one has the right to experience all of their emotions, but they do not have a right to be consumed with these emotions. There is the danger of letting them overwhelm one so that one then experiences despair in feeling sorry for oneself and giving up on living with what they have (Krause, 1991; Gray & Doan, 1990a). Coping with the emotions which are aroused by cancer may be one of the biggest challenges in coping with the disease (Krause, 1991).

Some of my participants also accessed the resource of professional counselling to help them through some particularly rough spots. Ron credited the counselling for enabling him to regain his will to live and his subsequent positive attitude. The positive effects of counselling for cancer patients are noted in the literature (Krause, 1991; Gordon, et al., 1980; Kofron, 1993).

Humour was an essential resource for all of the participants in my study. The ability to laugh was important, indicating that life was still worth living. It was also noted that people who could really laugh at things were the ones who learned the best. Perhaps it is because they are not afraid to make a mistake and are able to take that risk, thereby living a full life. The analgesic role of laughter in lessening pain (Cousins, 1979) was also mentioned.

The Hardiness Concept

It appears that my participants' coping strategies are similar to the hardiness concept advocated by Kobasa & Kahn (1982; Kobasa, 1979). The hardiness concept suggests that hardy people take responsibility for how they perceive and cope with stressful life situations. Kobasa & Kahn (1982; Kobasa, 1979) found that the elements of hardiness--commitment, control, and challenge--decreased the effects of stress in producing symptoms of illness. These elements also appear to be reflected in my participants' ability to confront their disease and refuse to fall into despair or hopelessness. With reference to a sense of control, Cunningham, Lockwood, and Cunningham, (1991) reported a positive relationship between perceived self-efficacy and quality of life in cancer patients.

New Learnings

My participants learned new effective ways of coping with their cancer and many of their learnings were carried on even after their cancer experience, learnings that applied to their everyday lives. The experience of cancer may offer tremendous opportunities for learning (O'Connor, et al., 1990; Pennington, 1982).

Participants discussed how there had been positive learnings which had arisen from their experiences with cancer. For some, there was the heightened awareness of how important their family members were to one another and the importance of keeping the family as their number one priority. They shared an increased awareness of the priorities that were important for them, and the renewed commitment to live in accordance with those priorities. Other studies have also found that patients were changing their priorities and attuning themselves to what they considered to be important in their lives such as prioritizing their time in order to be with family and friends (Roud, 1986-87, O'Connor et al., 1990; Manos & Christakis, 1985).

There seems to be a consensus among my participants that they had the same priorities as they had previous to their illness but that they were not really living them before, whereas now they were practising what they believed. It seemed that this cancer experience had been a time of not only learning to truly live their priorities, but also to learn to truly care for themselves and take time for themselves. It was interesting that some talked about how they were so used to being givers that they found it difficult to find themselves in the role of receivers. That also sheds understanding on why it became such a necessary and major learning to take care of themselves. They had previously given so much of themselves to others that they had often forgotten to give just to themselves. Taking time for themselves was often the first step in their self-healing process. O'Connor's et al. (1990) respondents reported the same finding. Likewise, O'Connor et al. (1990) reported that their respondents changed activities and did what they wanted to do and what they would enjoy, eliminating nonessentials as they discovered the meaning which their cancer had for them.

The participants in my study also spoke of learning to become selfish and concentrate on getting well. It can be helpful for cancer patients to focus their energy on getting well and to cope only with what they need to do at the moment (O'Connor, et al., 1990). Roud (1986-87) discovered that his respondents had also learned to say no, and learned to no longer spend time with people whom they did not want to be around.

All of my participants addressed the importance of learning to take one day at a time. In order to accept the limitations imposed upon them by their cancer, they lived one day at a time, and sometimes even minute by minute. Other studies have acknowledged how cancer patients who have coped effectively had also learned to take one day at a time (O'Connor et al., 1990; Roud, 1986-87).

For some of my participants there was also a psychic or emotional healing which occurred for them through coping with their cancer. There was also the suggestion that this heightened awareness and catharsis might not have occurred without the cancer. Other research demonstrate a parallel finding (Pennington, 1982, Siegel, 1986, 1989; LeShan, 1989).

The Power of Relationships

All of my participants experienced the effects of relationships which were healing. They received support that was an essential aspect of their self-healing process. Many were not able to ask for help and had a difficult time being receivers of support rather than being the givers. However, support given by others had a tremendously positive influence upon these people. Participants identified at least one significant person who had an important influence on them while they were experiencing cancer. The story Armand shared about his relationship with Boyd illustrated the profound effects of genuine friendship. What appeared to be a crucial aspect of this friendship was that Boyd did not treat Armand with pity, but rather treated him equally.

The literature suggests how important social support is to patients for enhancing their ability to cope with the cancer experience (Krause, 1991; Dunkel-Schetter, et al., 1992; Kofron, 1993; Feather, et al., 1988;Mishel, et al., 1984; Weisman, 1979)). Roud (1986-87) and O'Connor et al. (1990) found that their subjects' interpersonal relationships improved through the cancer experience, while Krause (1991) found that it was essential for patients to feel needed by others. This finding is consistent with many of the remarks made by participants about how they felt affected by the support they received. Overall, the support they received was very uplifting with the strong reminder of how much others cared for them, reminding them that they were not alone in undergoing this cancer experience. All of the participants did utilize various social support systems which they felt enhanced their ability to cope with their cancer.

Support is often necessary not only for the cancer patient, but also for the patient's family (Broadhead & Kaplan, 1991). My respondents emphasized that the cancer experience did not only affect them, but also their families and their social network.

Eva reframed the situation in which people have been there for her, and helped her. She saw this as a way of helping them, by allowing them to help her. People often wanted to do whatever they could to help because they were struggling with their own lack of control in being able to take away the pain, or the disease. This kind of reciprocal relationship has been recognized as an essential component of social support in the literature (O'Connor, et al., 1990; Kane, 1988). Eva pointed out the necessity of needing to do whatever she could do to feel a sense of accomplishment, no matter how insignificant the task might appear to be to others. In essence she was suggesting a necessary respect for what the patient needs or requires at a given time.

Professionals operating from the compensatory model believe in the strength of patients, and they have "learned not to treat people as patients, but rather as fully competent social beings capable of enduring the pain of human existence instead of being protected from it" (Benoliel & McCorkle, 1978, p. 149). It is a very respectful approach to cancer patients as equals. This appears to be an example of the kind of relationship which Eva described that she had with her physician and the opposite of the interaction Ron experienced with the expert who declared him to be a walking time bomb. Eva stressed the importance of there being a partnership with her doctor. The necessary goal of an equal partnership is being acknowledged in the literature (Seffrin, et al., 1990; Blanchard, et al., 1988; Krause, 1991; Roud, 1986-87).

The relationship between patient and physician can have tremendous impact on how the patient copes with his cancer (Holland, et al., 1987; Manos & Christakis, 1985). Within the framework of their partnership, Eva and her doctors discussed treatment options and provided her with hope for a positive outcome. Peteet, Abrams, Murray Ross, and Stearns (1991) found that physicians helping their patients with the provision of treatment information contributed more to hope than by just being cheerful or optimistic. They also emphasized how crucial it was for the physician to provide hope, whether for recovery or for a quality of life. For example, in Ron's case when a physician has given a misdiagnosis, the patient requires special consideration to re-establish trust (Peteet, et al., 1991).

One wonders if Ron will ever be able to regain trust in physicians when a leading expert in the field told him he was a walking time bomb waiting to explode, and then gave him two to three years to live. It was difficult to hear that he would not live past thirty or be able to get married and have a family. Unfortunately, that recording continued to go around in his mind and he could not easily dispel it, even though still alive.

As Cohen (1979) states,

> There are few, if any, circumstances where it is appropriate to tell a patient in so many words that "there is no cure for what you have". The course of disease is not always predictable, and one should not remove hope. Although one should not give a patient false hope, care must be taken not to destroy the patient's will to survive. (p.216)

As one participant noted, why do doctors try to play God? Why do they not just tell the truth, that is, that they did not know how long someone would be alive.

As well as dealing with difficult doctors, these participants also had to cope with other difficult people in their lives. Many people do not know how to cope with people who have cancer, especially if it is someone close to them. In general, people are more uncomfortable around cancer patients than they are with people who are experiencing other chronic illnesses (Katz, et al., 1987). When people we know and love become seriously ill we are confronted with our own fragile mortality, which may cause us to turn away when we are needed the most (Seffrin, et al.,1990; Katz, et al., 1987).

My participants did not always have friends, family members, or significant others who were understanding, but instead were hurtful or uncaring. Ron admitted that just as some of his friends had walked out of his life because of the cancer, he did the same to other friends with cancer. He believed it was because cancer equals death and reminds us of the inevitability of our mortality.

It was very frustrating for these participants to be aware of the misconceptions which abound concerning cancer and cancer patients. (O'Connor, et al., 1990). Research indicates that medical professionals and lay people share a tendency to classify cancer patients as more physically and psychologically impaired than people with other major diseases (Katz, et al, 1987). This in turn may lead to a self-fulfilling prophecy which causes the patient to become depressed, incompetent, and dependent (Katz, et al., 1987).

As stated earlier, cancer is perceived more negatively than any other life-threatening disease, and cancer patients are often perceived more negatively than people with most other diseases (Katz, et al., 1987). Katz and his associates suggest that this may be due to the lack of understanding of the causes of cancer, failure of preventive measures to make a difference, as well as the belief in a "just world" hypothesis. These may be factors which have led us to stigmatize cancer and cancer patients.

Power of Faith

With respect to relationships that are healing, a belief in a Higher Power of some kind was acknowledged by all participants, although the extent of this belief varied with participants. Other studies shared similar findings (Roud, 1986-87; O'Connor, et al., 1990; Pennington, 1982). For the majority of my participants, the faith which they experienced in their lives became deeper and stronger through their cancer experiences. Faith has been identified in the literature as an important coping strategy (Krause, 1991; O'Connor, et al., 1990; Broadhead & Kaplan, 1991; Roud, 1986-87). For some of my participants, it was suggested that it would have been much more difficult for them to cope without their faith.

For the participants in the present study, faith also involved letting go and handing their troubles and worries over to God, trusting that He would see them through. This was a form of acceptance and belief, of surrendering personal control to God. Herth (1989) demonstrated a positive relationship between the strength of religious convictions with the variables of hope and coping, suggesting that patients with a strong faith experienced a higher level of hope and coping response than did those with a weaker faith. Through their experience of cancer, the respondents in O'Connor's et al. (1990) study found that their faith also increased.

Prayer has been identified as an important element of having faith and being supported by others (O'Connor et al., 1990). For my participants who spoke of the power of prayer, they felt extremely encouraged and strengthened by the support demonstrated towards them, and by knowing they were in people's thoughts and prayers. Again, the support inherent in people praying for one another was clearly important.

Another aspect of faith affirmation is the necessity of people coping with a major illness to discover some explanation for why the illness has happened (Cassell, 1982). Frankl (1959) believed that the search for meaning is a primary motivator in life. O'Connor et al.

(1990) concluded that their respondents' search for meaning in relation to their cancer was both a psychological and spiritual process.

> It is not just "having cancer" that is difficult, but also the implied meaning that the person attaches to the disease: pain, disfigurement, hospitalization, doubts, inability to care for one's family, dirtiness, loss of sexual attractiveness or function, disability and possible death . . . finding ways of coping with overwhelming but "real" reality (Holland, 1973, p. 992).

It was important for my participants to specifically address the issue of meaning in asking, "how and why did this happen to me?" Cancer patients often reflect back on their experiences with cancer and find some positive outcomes (Taylor et al., 1984; Springarn, 1989; Roud, 1986-87). This occurred for these participants in various ways. One specific reason given for surviving was becoming involved with Cansurmount.

Empowerment of Cansurmount

Another factor which Gray and Doan (1990a) mention for enhancing empowerment is mutual aid involving the opportunity to share cancer experiences with others who have experienced cancer and its effects. They describe mutual aid as either one to one visitation programs, or group support programs, both of which are implemented in

Cansurmount.

Gray & Doan (1990a) believe that the attitude of empowerment is now greatly influencing the health care system in the proliferation of self-help movements. Education and peer support groups have been formed all over the country to encourage cancer patients to become more involved in their recovery process. These include such groups as I Can Cope, Reach to Recovery, and Cansurmount. Overall, the goal of these groups is to aid cancer patients in utilizing their resources to cope with their cancer and its effects (Northouse & Wortman, 1990). Ultimately these groups are designed to help cancer patients to help themselves. This concept of self-help has been a thread which joins the themes of this dissertation-participants helping themselves.

All of the participants were involved with Cansurmount, some more involved than others. Being involved with Cansurmount might involve attending monthly support group meetings and/or being a volunteer to provide one-on-one peer support with new cancer patients and their families with hospital and home visits.

The Cansurmount support group was designed to bring cancer patients and their families together to share in their experiences of cancer. It was a place where they could gather with others who were able to understand from first hand experience what it was really like to have cancer and how to cope with it. It might also be a place of practical suggestions, advice, and inspiration for those who were newcomers to the experience, provided by those who had already been through the process of dealing with their cancer. Like any self-help group, people attended for various reasons. For these participants, the reasons included having a place to find support, a volunteer to provide direct support as needed, a measuring stick to gain perspective on how far one had come in their own process, and a desire to help others.

Katz and Bender (1976) describe self-help groups as

> . . . formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life-disrupting problem, and bringing about desired social and/or personal change . . . (p.368).

Borne, van den et al., (1986) conducted a review of studies of self-help in contacts between fellow cancer patients. They found that none of the studies demonstrated any negative effects of fellow patient contacts, but rather possibly enhanced coping.

> The conclusion seems justified that fellow-patient contacts may contribute to the improvement of the cancer patients coping with their illness. These results specifically seem to hold for cancer patient group-contacts. Most of the effect-studies regard

> fellow-patient contacts in the context of a [self-help] group (p. 377).

They caution about interpretation of their findings, however, because the studies they reviewed did not meet rigid methodological requirements. The authors also suggest that in these studies, no attention was directed to considering the various specific elements of the group process which may have influenced the outcome.

It has been suggested that the most crucial benefits of support groups include having others to share problems with, providing help to others, and learning more effective coping methods (Deans, Bennett-Emslie, Weir, Smith, & Kaye, 1988). An essential feature of support groups may be that they encourage individuals to help one another.

Thiel de Bocanegra (1992) investigated cancer patients' interests in group support programs. She found that reasons for not being interested in groups were: general doubts about the usefulness of groups, other kinds of support were more important, general dislike of groups by people who describe themselves as "loners" or "self-sufficient", discussing problems with other cancer patients would be too depressing, they wanted to "leave the illness behind", they received sufficient support from family and friends, and they had already adjusted to the problem.

The reasons supplied for being interested in a support group were the desire for mutual support and sharing of experiences, interest in increasing their understanding of cancer, and the desire to share their cancer experiences and help other patients. This last reason was only given by two out of seventy-three patients. Overall, she found that for every one person interested in group support, three were not interested (Thiel de Bocenagra, 1992). Hence, one wonders how much the findings of this present study are influenced by the inclusion of these participants in a self-help cancer support group.

One of the main reasons for being in Cansurmount was the desire to help others. These participants identified the need to be in the giving role by passing their learnings on to others with the hope that the chain of help would continue to grow. They also believed that in helping others by sharing their own cancer experiences, they were taking away the fear of the unknown which is common for people newly diagnosed with cancer. According to Reissman (1976) who espouses the helper-therapy principle, support groups may even be more therapeutic for the helpers than for those who are helped.

It also seemed that these participants felt a need to give something back for all the support that they received when they were in need of support. By helping someone even a little by making their life easier or helping them to cope more effectively, it can give more meaning to the cancer patients' experiences and make their lives more worthwhile (O'Connor, et al., 1990). Thus, for my participants, it was a way of giving positive meaning to their cancer because they would not have been able to help in this way with Cansurmount if they had not been through the cancer experience themselves.

Involvement with Cansurmount was also an opportunity to pass on what they had learned. They felt they were teaching others about their experience in order to help them go through their's, and then hoping that they would pass on their learning in a similar fashion. It was felt by some that this was a necessary component for educating people about what cancer experiences were really about. For others, Cansurmount was a way to keep busy by helping everyone else so there was not time to focus on their own problems, and this prevented them from feeling sorry for themselves. Through helping others, participants were also able to offer them hope. They also utilized the support found in Cansurmount and it helped when they were feeling down.

Cancer Survivors

The idea of helping others by belonging to Cansurmount is also encapsulated by a new organization which focuses on empowerment by shifting the perception of cancer patients to that of survivors rather than victims. A relatively newly formed patient organization in the U.S. is the National Coalition of Cancer Survivorship (NCCS) made up of cancer patients and those close to them. The NCCS considers the main characteristic of people with cancer to be their survival, rather than their patienthood or victimization. There is a growing belief that the idea of "survival" is more useful than the idea of cure, as well as the idea of survival beginning with diagnosis, rather than at the traditional five year cancer-free mark (Springarn, 1989). This newer conception of survival may partly be due to an increase in patient participation in medical care as well as an increase in efficacy of cancer treatment resulting in increased survival rates for various cancers (Gray & Doan, 1990b). It has also been suggested that our society has come a long way in being willing to de-mystify the disease (Springarn, 1989).

The founder of NCCS, Dr. Fitzhugh Mullan, a physician and thirteen year cancer survivor, says that in talking about the NCCS he keeps returning to the idea of "the veteran helping the rookie - a process I find makes my cancer experience more useful to others and more acceptable to me" (Springarn, 1989, p. 29). This idea is reflected in my participants' comments about their desire to help others with their cancer and, in providing that support, giving increased meaning to their own disease process. Gray and Doan (1990a) consider this new language of "survival", as well as the NCCS, to be indicators of the necessity of empowerment for cancer patients.

Empowerment and the Compensatory Model

The ability of cancer patients to empower themselves has been demonstrated through the story of the themes which emerged from the interpretation process. In adding to the overall empowerment perspective, the compensatory model reflects an attitude of empowerment in that it fosters people's abilities to be aware of their life stressors and to change whatever is necessary in their lives to increase the quality of their lives. Patients are encouraged to utilize their personal resources to overcome their illness. My study's participants have done this and have changed what was necessary in their lives to alleviate stress and enhance their well-being.

According to Northouse and Wortman (1990), beliefs underlying this compensatory model are becoming increasingly popular among both the health profession and health consumers. There is a strong belief that patients "should be encouraged to assume a more active role in their health" (Northouse & Wortman, 1990, p. 86). The active role taken by my participants reflects the increased desire by consumers to become active participants in their health care (Cassileth, et al., 1980; Kofron, 1993).

A weakness of this model which does not seem to be apparent with the participants of this study, is that it may put a burden of active participation upon those cancer patients who prefer to take a more passive position in their health care. Not everyone is willing to take an active role, and this must also be respected as a difference among patients. This suggests that personal preferences need to be considered when working with cancer patients in both a medical and psychological setting (Cassileth, et al., 1980; Manos & Christakis, 1985).

Another potential weakness is that this model opens the way for cancer patients to blame themselves if they do not recover from their illness. Some researchers contend that there is a prevailing attitude which seems to dominate the approach of the health care system and society to cancer, suggesting that winning is everything (Seffrin, et al., 1990).

As Seffrin (et al., 1990) point out,

> Winning-in this context, remaining in good health-is certainly a worthy objective. Unfortunately, it is not always a realistic goal. Some of the people we care for and care about are going to get cancer. Some already have. Many will recover, but some of them will die (p. 1784).

However, within this study overall, this theme of "winning at all costs" did not emerge. As well, the participants did not define self-healing as the ability to conquer their cancer.

Psychosocial Variables

This brings back the debate over the direct role of psychological variables in cancer onset and progression. It was not the purpose of this research study to investigate whether psychological factors play a role in cancer progression or survival. However, it is impossible to avoid this issue entirely since this study is addressing the factors involved in cancer patients' self-healing experiences. Studying the disease of cancer is an extremely complex process and many completed studies to date are limited by virtue of their methodological designs. However, as noted earlier, there are a number of studies which support the belief that psychological factors do have an influence on the progression and outcome of cancer (Greer, et al., 1979; Temoshok, et al., 1985; Knier & Temoshok, 1984; Horne & Picard, 1979; Leherer, 1980), as well as those who refute this relationship (Cassileth, et al., 1985; Jamison, Burish, & Wallston, 1987; Grissom, Weiner, & Weiner, 1975; Keehn, 1980). This reflects the debate involving the mind-body split. However, at this point it appears to be as Levenson and Bemis (1991) point out, that psychosocial interventions are more likely to contribute to quality of life than to quantity.

Self-Healing as Transformation?

It became clear to me through my interpretation of the themes that self-healing for my participants did not equate with self-transformation. Roud (1986-87), however, contends that an obvious transformation did occur for his subjects in the months following their diagnoses. He suggests that this may be a factor which separates survivors from nonsurvivors-the capability to experience psychological change after the onset of cancer. As noted earlier, this kind of self-transformation (Gray & Doan, 1990b) has been addressed in popular self-help literature (Siegel, 1986, 1989: LeShan, 1977, 1989: Simonton, et al., 1978).

O'Connor et al., (1990) suggested that their subjects altered their outlook towards life, themselves, and others, and yet there may be some doubt that that equals self-transformation. Although my participants did demonstrate changes in their lives, they seemed to be more similar to the respondents in O'Connor's, et al., (1990) study rather than to Roud's (1986-87) subjects. They spoke of their experiences as learning processes, realizing priorities, living life to the fullest, and healing their lives. One might wonder whether the changes and new learnings of my participants constituted self-transformation. Perhaps the learnings were more a reflection of the following quote.

> Coming to terms existentially with the reality of chronic illness is a state of being, discarding both false hope and destructive hopelessness, restructuring the environment in which one must now function. Most importantly, adaptation demands the reorganization and acceptance of the self so that there is a meaning and purpose to living that transcends the limitations imposed by the illness (Feldman, 1974, p. 290).

With respect to the focus on discovering shared themes of participants, it is interesting that just as there were many shared themes, there were also many unique distinctions to set each participant apart, as unique persons having individual, but shared journeys of self-healing. Roud (1986-87) offers his understanding of that finding with his subjects. He explains that his focus was also on discovering the commonalities of experience among his subjects, and the result was an emergence of shared factors. However, he continues to explain that an attempt to generalize from these subjects' diverse experiences could detract from, or misrepresent, the uniqueness of each individual's healing process. For each individual there were specific behaviours and attitudes which were not shared by the others. He notes that when subjects were asked, "what advice would you give to other seriously ill cancer patients," they refused to give specific guidelines. Although they believed in their own process, they did not assume that their experience would necessarily work for anyone else. The subjects did suggest however, that cancer patients must search within themselves to discover their own answers (Roud, 1986-87). I believe that my participants would offer a similar guideline for encouraging unique and meaningful self-healing experiences. Yet, my findings do have generalizability, especially with regards to empowering caner patients and others coping with illness.

Limitations and Suggestions for Further Research

The intent of this research was to generate the themes which emerged through the hermeneutical encounter between participants and myself. This is not perceived as a limitation in that this process has honoured the unique experiences of each hermeneutical encounter, as well as the shared experiences with the emergence of the common themes. However, these particular findings remain as signposts for the journey of self-healing, not the destination.

Although the specific contribution of each theme to the self-healing process cannot be determined at this time, that issue would definitely be well worth exploring. The specific factors which accounted for the similarities between participants' processes of self-healing can not be identified within the scope of this study, but would be another useful direction to consider for future research.

There is a limitation of this study in that all of the participants belonged to a Cansurmount support group. One wonders if people who seek out others like themselves in a self-help group are more motivated to take increased control of their health and their lives than those who do not. In light of the important influence and power of the Cansurmount group, it may be that the main determinant of self-healing was the inclusion in a self-help group, with the other themes being secondary.

It would be helpful for a study of this nature to be done which consisted of participants who were not involved with any kind of support group. It would be interesting to note whether they would share similar themes to those which emerged in this study and support a similar theoretical model.

It would be interesting to explore how cancer patients identify with a particular model of coping and how this would subsequently affect their experience of cancer and self-healing. What factors are involved? Northouse and Wortman (1990), suggested that more research is required to understand how patients' choices of models is affected by certain elements, such as type of cancer, stage of disease, or extent of illness. There has been some suggestion that the compensatory model is best suited to those who have a favourable prognosis (Northouse and

Wortman, 1990). Yet other studies suggest that it may be an appropriate model for those with a poor prognosis as well (Pennington, 1982; Roud, 1986-87; O'Connor, et al., 1990). It would be fruitful to research this area further.

Conclusion

The themes that did emerge have something to say to all of us, those coping with cancer, those coping with any illness, and those of us coping with life in general. These themes speak of pain, struggle, hope, and triumph, all valid and all an integral part of the spectrum of life, of risking and of living fully. These people were not only cancer patients, they were cancer survivors, and they provided these signposts within their self-healing experiences as inspiration for us all.

> The music from the park just reached him. Oleg heard it--not the actual tune they were playing, but as if it were Tchaikovsky's Fourth Symphony, its restless strained beginning ringing inside him, one incomparable melody. It was the melody (Oleg interpreted it in his own way, although perhaps it ought to be understood differently) in which the hero is returned to life or perhaps regaining his vision after being blind. He gropes with his fingers, as it were, slides his hand over things or over a face that is dear to him, touching them, still afraid to

> believe his good fortune: that these things really exist, that his eyes are beginning to see. (Solzhenitsyn, 1968, p. 154).

6. EPILOGUE

This has been a journey of change in perspective for me. I see this as I look back on chapters one and two which I wrote before I met with the participants for the interviews. The hermeneutical encounters which I shared with these participants altered and enhanced my views of what self-healing entails. It is apparent to me, and likely to the reader as well, that there has been a shift in my bias, expectations, and views from chapter one through to chapter five.

This process of discovery surprised me as I did not know what would come to light through the interviews. I already had my ideas about the meaning of self-healing but my conception was rather simplistic. An excerpt from my research journal sums it up nicely, "After one interview, I no longer know (the definition of self-healing). I can no longer accept my ideas of what self-healing is about". It was a journey of discovery for me as I became aware that self-healing was so much more than specific methods such as relaxation techniques, and that it did not have to be heroic through defeating death.

For these participants, self-healing was an attitude which was not only utilized when these people were ill, but which also became their overall attitude to life. This approach to life celebrated living, with these people participating fully in life by empowering themselves, and honouring their unique personhood. By taking care of themselves through being full participators in life, these people had more of themselves to offer others as well.

This experience of meeting and dialoging with these participants has brought out my appreciation of human potential and the strength which many of us possess but are often not forced to utilize. These participants revealed their humanness to me, and gave me their self-reflections.

I received the impression that I had given these participants something back as well. It may be that I gave added meaning to their experience of cancer by soliciting their participation for this dissertation and by dialoging about their self-healing processes.

My writing of this dissertation has also been affected by the death of my Mom. She died eight months ago after battling her surgery complications resulting from arteriosclerosis. For her, death was peace. My Mom's death occurred after I had completed all of my interviews, but before I had interpreted the themes. I have no doubt that my grief has affected my interpretation of the themes and has had an impact upon my writing of these last two chapters. That is part of me that I brought to the last two chapters.

Through my own process of understanding self-healing, I have come to realize that self-healing is not about defeating death, but it is about living life with empowered individual attitudes such as those exemplified by the participants in this study.

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APPENDIX A

CONSENT TO PARTICIPATE

I,______________________________, voluntarily consent to participate in an interview with Shelley Mahon, a graduate student in the Department of Educational Psychology at the University of Alberta. I am aware of the purpose of this study and I understand that the information given by me will be used only for research purposes and published in the form of a thesis or otherwise. I also understand that every effort will be made to remove all identifying information. I agree to allow the interview to be audiotaped with the understanding that the tapes will be erased when the research project is finished. I understand that if at any time I am unwilling or unable to continue with the interviews, there is no obligation for me to continue.

Date______________________ Signed________________________

Witness________________________